## FOR STATE HEALTH DEPT

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencit in them. 18. Give Pages 1, 2, and 3 to the funge, director. Page 4 shauld arwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain for your files.

TO FUNER DIRECTOR: Page 3 shauld be used as a buriab-transit permit. File pages, and 2 with the State Soord of Health, at its designated agent, prior to burial, cremation, at removal, and in any event/within 72 hours offer death.

VS. ATSME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 08606 Reg. Dist. No. 216

|                 |  | ACCOUNTY Montgomery Maryland  | - 11 | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE Maryland b. COUNTY Montg. |                   |                  |                  |             |                      |          |            |  |
|-----------------|--|---|------|---|-------------------|------------------|------------------|-------------|----------------------|----------|------------|--|
|                 | Ь  | c. CITY OR TOWN (If outside corporate fimits, write RURAL ond give nearest town)  Chevy Chase   |      | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Chevy Chase                             |                   |                  |                  |             |                      |          |            |  |
|                 | d  | I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  | 1    | d STREET ADDRESS   e. IS RESIDENCE  |                   |                  |                  |             |                      | ESIDENCE |            |  |
|                 |  | 4711 Derussey 1179. Pkwy  |      | / 4711 DeRussey Pkwy ON A FARM?   |                   |                  |                  |             |                      |          |            |  |
|                 |  | NAME OF First Middle DECEASED Type or print)  |      | tosi  |                   | ATE<br>F<br>EATH | Aug.             | J           | Doy                  |          | fear       |  |
|                 | 5. S   | EX 6. COLOR OR RACE 7. MARKIED NEVER MARRIED 1  | B. D | DATE OF BIRTH   |                   |                  | 9. AGE (In years | TIFUNDE     | R TYEAR              | -        | ER 24 HRS. |  |
|                 |  | female white WIDOWED TO DIVORCED 5/16/75  |      |   |                   |                  |                  |             |                      |          |            |  |
| 1               | 10a  | . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST uring most of working life, even if retired)  housewife  Own Home  | STRY |   |                   |                  |                  |             | ZEN OF WHAT COUNTRY? |          |            |  |
|                 | 13.  | FATHER'S NAME   | 1    | 4. MOTHER'S MAIDE   |                   |                  |                  |             |                      |          |            |  |
|                 |  | Charles H. Delp   |      | Anna E. Spangenberg   |                   |                  |                  |             |                      |          |            |  |
|                 |  | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (If yet, give wer or dates of service)   | INF  | ORMANT  |                   |                  | Addres           |             |                      |          |            |  |
| 0               |  | No None Ar  | rt   | hur D. A  | Ande              | rso              | n. Same          | a as        | Ite                  | m #      | 2          |  |
|                 |  | NO   None   Arthur D. Anderson, Same as Item #2  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion  Sudden |      |   |                   |                  |                  |             |                      |          |            |  |
|                 |  | 4.00,1 DUE TO   |      |   |                   |                  |                  |             |                      |          |            |  |
|                 |  | Conditions, if any, which (b)   |      |   |                   |                  |                  |             |                      |          |            |  |
|                 |  | gove rise to immediate cause (a), stating the underlying DUE TO   |      |   |                   |                  |                  |             |                      |          |            |  |
| coute last. (c) |  |   |      |   |                   |                  |                  |             |                      |          |            |  |
|                 | 20   | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY  |      |   |                   |                  |                  |             |                      |          |            |  |
| die             | 3  | Secondary anemia 30 yrs.  |      |   |                   |                  |                  |             |                      |          |            |  |
|                 | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19, WAS AUTOP PERFORMEDT SECONDARY AND A SECO |   |      |   |                   |                  |                  |             |                      |          |            |  |
|                 | MEDICAL  | 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e PLA Hour a. m. P. m. 19 While Not while at work at work   | ACE  | OF INJURY (Hame, r, streel, office bldg.,   | form, 20<br>elc.) | H. (Cily         | or town)         | (Co         | ounty)               |          | (State)    |  |
|                 |  | 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my   |      |   |                   |                  |                  |             |                      |          |            |  |
|                 |  | opinion deoth resulted from: Noturol couses . Accident . Suicide . Hamicide . Undetermined monner   |      |   |                   |                  |                  |             |                      |          |            |  |
|                 |  | ACTUAL SIGNATURE FREDICAL EXAMINER D DATE SIGNED  |      |   |                   |                  |                  |             |                      |          |            |  |
| 6               |  | EXAMINER'S NAME (Type) Frank J. Broschart   |      | DEPUTY MEDIC  |                   |                  | -                | 8/4/        | 57                   |          |            |  |
|                 | 220  | BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR   | R CR | REMATORY  | 22d.              | LOCAT            | ION (City, town, | or county)  |                      | (Stat    | 0)         |  |
|                 | ARREST   | Burial   8/7/57   Ft. Lincoln   | 0    |   |                   | Pri              |                  | Co.         | . N                  | lary     | land       |  |
|                 | 200  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS  |      |   | REC'D BY          | REGISTR          | AR 24b. REGI     | ISTRAR'S SI |                      |          | - [        |  |
|                 | 1  | Robert A. Pumphrey Bethesda, Ma   | ar   | yland DATE  | 2-1.              | -0,              | Bes              | sie)        | n. L                 | hon      | peron      |  |

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| 1.   |             | 08627 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08607  |
|--|-------------|--|
| 2.5  |             | Item 9, Film G219, 8/23/57 CERTIFICATE OF DEATH  Reg. Dist. No. 2/8  |
| I director, filed with   | X           | 1. PLACE OF DEATH o. COUNTY ON GRUMMARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE AND b. COUNTY ON GRUMMARYLAND  |
| funerol<br>vid be  | XX          | b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| Shoul  | 00          | d. NAME OF HOSPITAL (If not in hospital), give street oddress)  OR INSTITUTION  ON A FARM?  VEST NO  |
| filled in  |             | 3. NAME OF DECEASED (Type or print) Mamie Elizabeth Anderson 4. DATE Month Doy Year 1957   |
| Po   | T           | 5. SEX   6. COLOR OR, RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In your lost birthday)   Months   Days   Hours   Min.   |
|  | deoil       | 100_LISUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WHAT |
|  | rs ofter de | (3. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   N. Driver   |
| 5 5  | 72 hours    | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT (If you give wor or dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT (IF YOU GIVE NO. 18 INFORMANT) (IF |
| offend   | viffi<br>ir | 18. CAUSE OF DEATH [Enter only one couse perties for [o], (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  ONSET AND DEATH  |
| y the Ther   | event       | 1420.1 DUE TO JUST A LONG TO JUST A  |
| ned b  | no on       | Conditions, if any, which gove rise to immediate couse (o), stating like under-  |
| icion.<br>een sig<br>onsit   | puo         | lying couse lost. (c)  |
| physical phy | novol,      | 3 Chronic (magning they talle YES IN NOT   |
| ending<br>ficote<br>the bu   | or re       | 200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
| ol or oth<br>this certif   | emotion,    | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. st., Pp. m. 19 While Not while of work of wo |
| hospil<br>After<br>hed fo  | rol, cr     | 21. I certify that I attended the deceased from  |
| TOR:   | 2 ,         | alive on   |
| , L  | prior       | SIGNATURE LINE & Jackson MVMD. KDI Eaith Ersburg 18. 8-15-5  |
| ERA<br>S shov  | gistror     | PHYSICIAN'S C. LIVE E. JACKSON   |
| moy b  | e de        | 220. BLIRTAD CREMATION J. 226. DATE THEREOF 5 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stoje)   |
| VS A15 (4)<br>15M 9/55   | ties        | 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS PROBLEM - REGISTRAR'S SIGNATURE  LOOKE - WORKER - WORKER - WORKER - WORKER - WORKER - 240. REGISTRAR'S SIGNATURE  LOOKER - WORKER - WORKER - WORKER - WORKER - 200 - REGISTRAR'S SIGNATURE  LOOKER - WORKER - WORKER - WORKER - WORKER - 240 - REGISTRAR'S SIGNATURE  LOOKER - WORKER - WORKE |
|  | 1           |  |

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15ME(5) 5M 9/55 I

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08629 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08609

Reg. Dist. No.

| o. COUNTY Monta  | onery                          | MARYLAND                                  | o. STATE Maryland b. COUNTY Montg.  |   |                  |                                    |  |  |  |
|--|--------------------------------|---|---|---|------------------|------------------------------------|--|--|--|
| b. CITY OR TOWN (If outside corpo and give necrest fown) Seneca            | rate limits, write RUSAL       | c. LENGTH OF STAY IN 16                   |   | outside corporate limits, write                 | RURAL and give i | negrest town)                      |  |  |  |
| d. NAME OF HOSPITAL OR INS   |                                | spital, give street address)              | . STREET ADDRESS  | 3003 04   | And E            | e. IS RESIDENCE<br>ON A FARM?      |  |  |  |
| Potomac River  | ?                              |   | / 402 Blan  | ndford St.,                                     | Apt. 5           | YES NO                             |  |  |  |
| 3. NAME OF DECEASED (Type or print)  | arvin E                        | arl Atwell                                | Lost  | 4. DATE Month OF DEATH AUE •                    | 18 Doy           | 19 57                              |  |  |  |
|  | R OR RACE 7. MARRI             | ED NEVER MARRIED A B                      | 8/21/35   | 9. AGE (in years lost birthday)                 | Months Days      | Hours Min.                         |  |  |  |
| 10a. USUAL OCCUPATION (Give kind during most of working life, ever 1200rer |                                | rind of Business or Indust<br>ree Sergant | Marion  |   | 12. CITIZEN O    | A COUNTRY                          |  |  |  |
| 13. FATHER'S NAME Philip   | W. Atw                         | e11                                       | 14. MOTHER'S MAIDEN N Ethel   |   | 1                |                                    |  |  |  |
| 15. WAS DECEASED EYER IN U. S. (Yes, no, or unknown) (If yes, give to      | ARMED FORCES?                  | SOCIAL SECURITY NO. 17. N                 | Palice Re   | Address   | •                |                                    |  |  |  |
| Conditions, if any, which gove rise to immediate cause                     | DUE TO                         | for (o), (b), ond (c).] phyxia drewning   |   |   | ONS              | ERVAL BETWEEN SET AND DEATH SURGED |  |  |  |
| 27   | ) (c)                          | ONTRIBUTING TO DEATH BUT N                |   |   |                  | 19. WAS AUTOPSY PERFORMEDZ YES NO  |  |  |  |
| Hour e.m. 8  | th, Day, Year 20d. Whill of we | med while di                              | ving in Po<br>CE OF INJURY (Home, form,<br>ory, street, office bldg., etc.) | t. R., Senec<br>20f. (City or town)<br>Seneca M | (County)         | (Stole)                            |  |  |  |
| death resulted from:  ACTUAL SIGNATURE  EXAMINER'S NAME (Type)  F          | Natural causes [               | ], Accident [], Suin                      |   | , Undetermined of                               |                  | DATE SIGNED                        |  |  |  |
|  | 3-51-57                        | Porest Oak                                |   | 22d. LOCATION (City, town, o                    | urg.             | (Stole)                            |  |  |  |
| 23. FUNERAL DIRECTOR'S SIGNATU<br>Ernest C. G.                             | artner.                        | Gaitherswurg                              | Med 240. REC'D  | 184 REGISTRAR 246. REGIS                        | rell Kr          | e storp                            |  |  |  |

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BUREAU V. S.

VAC ST 1257

Wisconsin Ave., Bethesda, Md.

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BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 .08632 **CERTIFICATE OF DEATH** Reg. Dist. No. 215 Page director 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND Montgomery Marcvaland ofter death funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give nearest fown) Desington Park Varcouver 2 davs Bethesda (Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS Apt. 204. e. IS RESIDENCE OR INSTITUTION ON A FARM? U.S. Naval Hospital, Bethesda, Md. YES TO NO IS NAME OF Middle 4. DATE lost Des Yeor DECEASED OF DEATH Mills BANGIT David (Type or print) August 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthdoy) Months Dgyı Hours Min. WIDOWED [ DIVORCED | Male Cauc. August 1957 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. and None Maryland corbon offer 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Louise Mary MILLS Edward Navaro BANGIT hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO 17. INFORMANT Address 2 (Father Edward N. BANGIT Same None 18. CAUSE OF DEATH [Enter only one cause per time for (o), (b), and (c) INTERVAL BETWEEN ONSEL AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO þ Conditions, if ony, which signed gove rise to immediate DUE TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES A NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, | 20f (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) Hour a.m. factory, street, affice bldg , etc.) While Nat white at work of work 21. I certify that I attended the deceased from 4 August 19 57 to 6 August ... 19. 57, that I last saw the deceased L, and that death occurred at 7:45A. M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) **ACTUAL** U.S. Naval Hospital, Bethesda, Md. 2 SIGNATURE M.D. PHYSICIAN'S Martin P. Plauty MC. USN U.S. Naval Hospital, Bethesda, Md. NAME (Type) FUNER 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Arlington. Virginia Arlington Nat'l Cemetery 0 240. REC'D BY REGISTRAR ATTE REGISTRAR'S SIGNATURE WNERAL DIRECTOR'S SIGNATURE **ADDRESS** and 8-6-57 VS A15 (4) 15M 9/55 B. arraye., Bethesda, Md DATE

MECENAED

BUREAU V. S.

Md DATE 8-22-5"

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Wisconsin Ave.. Bethesda.

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| 1  | ۲   | ຸມລ                | RUSE: 10 Film 220 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  | 08614                                  |
|--|-----|--------------------|--|--|
|  |     | Pen                | MEDICAL EXAMINER'S CERTIFICATE OF DEATH  | 1 2/3                                  |
| FOR STATE  |     |                    | 08634  | eg, Dist. No."                         |
| 0  | 1   | 1. PLAC            | CC OF DEATH  2. USUAL RESIDENCE (Where deceased lived If institution   |  |
| Sign of the Control o | -   |                    | Montgomery MARYLAND STATEMERYLAND 6. COUNTY MC   |  |
| C E T  |     | 6, CII             | CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporale limits, write RUR) and give nearest town)  | At and give nearest town)              |
| d d d d d  | -   |                    | Rockville R - 2   1 yr.   X Rockville R - 2  | 7                                      |
| Too our  | G G | d. NA              | South Glen Rd.   | ONA FARMS                              |
| 2 2 2 2 d  | -   |                    |  | YES NO K                               |
| y deto<br>the fur<br>e reto<br>he Sta<br>ter deo   |     |                    | CEASED pe of print) Steven Robert's Beal OF DEATH 8/6/57   | Doy Yeor<br>19                         |
| 10年 10年 11年 11日 11日 11日 11日 11日 11日 11日 11日 11   |     | 5. SEX             | has beautiful and the second of the second o | NDER TYEAR IF LINDER 24 HPS            |
| E P A C  |     | MA                 | ale white widowed Divorced 11/7/1954 2- yrs. Mor   | nths Days Hours Min.                   |
| ge gr  |     | 100. USI<br>durini | SUAL OCCUPATION (Give kind af work done 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) ing most of working life, even if retired)  | CIT ZEN OF WHAT COUNTRY?               |
| Po P   | -4  | 1                  | New York   | USA                                    |
| Man of the of  |     | 13. FATI           | THER'S NAME 14. MOTHER'S MAIDEN NAME   |  |
| Pod E  | )   |                    | Jeramiah C. Beal Beverly Beauchamp   |  |
| The state of the s | 1   | 15. WAS            | AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address.   |  |
| Marin Co.  | -   | _[]                | NONE   Father- Item 2.   |  |
| m m<br>mg n<br>nd i  |     | 18                 | CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  PARY I. DEATH WAS CAUSED 8Y:  | INTERVAL SETWERN<br>ONSET AND D. A. H. |
| Sit 1  |     |                    | IMMEDIATE CAUSE (0) Acute myocarditis due to   | ************************************** |
| Trong Proposition of the contract of the contr |     |                    | 096.9 DUE TO   |  |
| S S S S S S S S S S S S S S S S S S S  |     |                    | ove rise to immediate course by fulminant infection  | Age of Million Spin                    |
| in in production |     | (0)                | o), stating the underlying DUETO   |  |
| sho<br>iomi<br>ion,<br>ion,  |     | Z - CO             | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IF   |  |
| Exemple and a second a second and a second a | *   | <u> </u>           | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IF   | PERFORMED?                             |
| Piffical<br>Pical<br>Cre   |     | 200                | DESCRIBE HOW NULLY OCCURRED (Enter noture of injury in Port I or Part II al I tem 18)  | YES NO                                 |
| Med by int,  |     | 200<br>PRIA<br>CAU | MARRY TO OF CONTRIBUTING AUSE OF DEATH.  |  |
| Thus<br>ief<br>bur   |     |                    | IC TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town)  | (County) (State)                       |
| 32.00  |     | 20c                | Hour o.m While Nor while factory, street, aftice bldg. etc.)   | (510.4)                                |
| Min in i  |     |                    | p.m. 19 of work [] at work []  1. 1 certify that I took charge of the remains described above, held an Autapsy Inspection [], tr   |  |
| X X Y  |     |                    | pinian death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermin  |  |
| AL E   |     | ام                 | printed death resolved fruits. Tradition couses [], Accident [], Stricte [], Indifficial [], Underermin  | ed manner [_]                          |
| orwing or the policy of the po | 1   |                    | GNATURE - 2000 & J- Brochart M.D. CHIEF MEDICAL EXAMINER [   | DATE SIGNED                            |
| 2.55   |     |                    | ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT | 0/п/Бп                                 |
| Tree de la contra  | -   | 720. BL.F          | LEVAL CREMATION 22b. DATE THEREOF 170 NAME OF CEMETERY OR CREMATORY  | 8/7/57                                 |
| 2 4 Sh   |     | REA                | EMOVAL (Specify)   |  |
| 2 2  | 2   | 23 FUN             | Parklawn Bemetery   Rockville, MADDRESS PAGE STRAFT CONTRACTOR OF THE PROPERTY | laryland                               |
| VS. A15ME<br>5M 2 '57  |     |                    | Robert A. Pumphrey Bethesda, Md.   | 11 7 -1                                |
|  | E   |                    | Marie  | a curagions                            |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TO A DUTING

| 1  |             |         | MAKILAND STATE DEPARTMENT OF HEALTH-BALTIMOKE, 18  | 08617                                     |
|--|-------------|---------|--|---|
|  |             |         | 08637 CERTIFICATE OF DEATH   | . No. 216                                 |
| Page A<br>director,<br>led with                        |             | 1.      | PLACE OF DEATH  COUNTY MONAGEMENT MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institutions less described in the state of the |   |
| death.   |             |         | b CITY OR TOWN (If autside corporate limits fired c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town  | ve nearest fown)                          |
| rs after<br>the f                                      | Carlo Carlo |         | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  AND   | e. IS RESIDENCE<br>ON A FARM?<br>YES NO 7 |
| 24 hour  |             | 3.      | NAME OF DECEASED (Type or print)  Middle And Death Manth OF DEATH  Manth OF DECEASED (Type or print)   | Day Year 27 19.57                         |
| d within<br>pletely fil<br>ns. Page                    |             |         | 88x. 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours MICHOER) Annihis yes   | 27-4-7                                    |
| execute<br>nd compon pape<br>death.                    | ,           | ۲L      | during most of working life, even if retired)  Mel, USA.   | USH.                                      |
| sicion o   | 7           | ,       | 3. FATHER'S NAME  Not quen Margaret anna B   | laurock.                                  |
| ng phy<br>e remov<br>72 hou                            |             |         | S. WAS DECEASEDEVER IN U. S. ARNED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT MOLFILL Address Yes, no or unknown) (If yes, give worder dates of service)   |   |
| e death<br>attendi<br>n pleas<br>t within              |             |         | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANOXIA   | INTERVAL BETWEEN ONSET AND DEATH          |
| that the by the it. The ty even                        |             |         | Conditions, if any, which )   DUE TO   DUE TO   Conditions, if any, which )   DUE TO   DUE TO | 27/11.38 me                               |
| equires<br>signed<br>it perm<br>id in or               |             |         | gave rise to immediate cause (a), stating the under- lying cause last.    Congenital Cereberal Hypoplasia  |   |
| he low r<br>physicia<br>las been<br>ial-trans          |             | NOTAC   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART  | 1(a) 19. WAS AUTOPSY PERFORMED? YES NO    |
| IAN: TI<br>rending<br>ficate h<br>the bur<br>or ren    |             |         | 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |   |
| PHYSIC<br>al ar at<br>this cert<br>r use as<br>emation |             | ANEDICA | 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a m. While Nat while all wark all wark all wark 19 a | ounty) (State)                            |
| NDING<br>haspith: After I<br>ched fa                   |             |         | 21. I certify that I attended the deceased from ang 26, 1957, to ang 27, 1957, that I leading an ang 27, 1957, that I lead to a live an ang 27, 1957, and the death accurred at 1, 32 M from the causes and an the   |   |
| R ATTER<br>ad by the<br>RECTOR<br>be detor             |             |         | ACTUAL Pobert O, Warther M.D. 3716 Howard Ave, Kens. N.  | DATE SIGNED                               |
| Restoine   |             | `_      | PHYSICIAN'S Robert O. Warthen 3716 Howard Ave. Kensin  | gton, Md.                                 |
| HOSPI<br>moy be<br>FUNER<br>page 3 s                   |             | 2       | 20 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county)  Burial 8/29/57 Parklawn Cemetery Rockville. Mary  | (State)<br>/land                          |
| VS A15 (4)   | Zi.         | 2       | Bobert a. Propher Bethesda Md DATE 9-4-6) Besser   |   |
| 13171 7733   |             | 1.4     |  |   |



EURCYO K ..

death certificate

that the

HOSPITAL

O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DIAMEDEN

NUG ES DEL

22d LOCATION (City, town, or county)

ADDRESS Washington, D. C. Q40. REC'D BY REGISTRAR JUN REGISTRAR'S SIGNATURE

Bladenburg, Rd., Washington, D.C.

1. PLACE OF DEATH

Bethesda

NAME OF

Male

5. SEX

Yes

(Type or print)

13. FATHER'S NAME

Hour a.m.

REMOVAL (Specify)

23 FUNERAL DIRECTOR'S SIGNATURE

Burial

220 BURIAL, CREMATION, 22b. DATE THEREOF

U. SHILLING, LT. MC.

Costello Funeral Home, 1722 N. Capitol St.,

22c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

p. COUNTY

engevn A. F

7361 89 **DUA** 

BECEINED

| 1  |                       | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  | )        |
|--|-----------------------|--|----------|
| STATE  |                       | 08640 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.   | '        |
| H DEPT.  |                       | LACE OF DEATH COUNTY  Montgomery  MARYLAND  2 USUAL RESIDENCE (Where deceased aved if institution: Residence before admission of STATE Maryland b. COUNTY Montgo.  | n)       |
|  | k                     | CITY OR TOWN IN countrie carporate limits, write RURAL and give nearest town)  ord give nearest town)  Derwood RFD # 1  C. LENGTH OF STAY IN 16  C. CITY OR TOWN (f outside carporate limits, write RURAL and give nearest town)  OF TWO OF TOWN (f outside carporate limits, write RURAL and give nearest town)  RFD # 1  | #        |
| .=   | ,                     | Russells Nursing Home    A STREET ADDRESS of STR | AKALL    |
| deo e  |                       | AME OF First Middle Loss 4. DATE 8/10/57 Month Doy Year OF DEATH 2/18/18/19  |          |
| ors after  | 5, 5                  | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF B RTH  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF B RTH  9 AGE (10 years local britality)  WIDOWED D VORCED Miles No. 1 Doys Hours Miles No. 1 Doys Miles  |          |
| E  | 100                   | USUAL OCCUPATION (Give kind of work done tob KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY 12 BIRTHPLACE (Stote or foreign country)  12 CITIZEN OF WHAT COUNTRY 13 BIRTHPLACE (Stote or foreign country)  13 CITIZEN OF WHAT COUNTRY 14 BIRTHPLACE (Stote or foreign country)  14 CITIZEN OF WHAT COUNTRY 15 BIRTHPLACE (Stote or foreign country)  15 CITIZEN OF WHAT COUNTRY 16 BIRTHPLACE (Stote or foreign country)  | UNTRY    |
|  | 13.                   | FATHER 5 NAME UNKNOWN  14. MOTHER'S MAIDEN NAME UNKNOWN  |          |
| omy on   |                       | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC AL SECURITY NO 17. INFORMANT Address (If yes, give wer or doles of service)  Patrick Brooks (son) Silver Spring, Md. R   | 2        |
| jent, priar ta burial, crematian, ar removal, and in | MEDICAL CERTIFICATION | 20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of Hem 18) CAUSE OF DEATH.  | ED?  O T |
| or its designated a                                  |                       | ACTUAL SIGNATURE  M.D. CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  BURIAL CREMATION.  BURIAL CREMATION.  22b DATE THEREOF  REMOVAL (Specify)  Buried  ROund Oak  Spencerville  ADDRESS  ROOKVILLE  ROOKVILLE  BOOKVILLE  ADDRESS  ROOKVILLE  BOOKVILLE  BOOKVILLE  BOOKVILLE  BOOKVILLE  ADDRESS  ROOKVILLE  BOOKVILLE  BOOK | IED      |
| \$ - \$  | 23.                   | 8/14/57 Spencerville, Md.  |          |

willEEVN N. R

DECEMBER 1

e. IS RESIDENCE ON A FARM? YES NO D Day Year 2nd 1957 IF UNDER I YEAR IF UNDER 24 HRS 12 CITIZEN OF WHAT COUNTRY? USA

Rea. Dist. No

Days

Md.

15

(County)

that I last saw the deceased

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

YES NO A

(Stote)

**DATE SIGNED** 

(State)

Va.

Months

9 VS A15 (4) 15M 9/55

REMOVAL (Specify)

Burinl

23. FÜNERAL DIRECTOR'S SIGNATURE

Aug.6-

661--Good Hope Rd., S.E. Washington,

Arlington National

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

Arlington



1961 9 Div



e. IS RESIDENCE ON A FARM?

Davi

12. CITIZEN OF WHAT COUNTRY? U.S.

> INTERVAL BETWEEN ONSET AND DEATH

avans

YES MO 🗆

(State)

DATE SIGNED

(State)

YES NO X

Year

19 57

0

23. FUNERAL DIRECTOR'S SIGNATURE

è

move

ã.

56 Penn. Ave., N. W. Washington Date. 8-6-57

240. REC'D BY REGISTRAR ZAM REGISTRAR'S SIGNAZURE rance

(County)

BUREAU V. S.

08602 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution) Residence before admission) · COUNTY o STATE Montgomery 2 b. COUNTY MARYLAND Montgomery Mary land b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) Takoma Park Takoma Park d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 2203 Holly Avenue Oak Haven Rest Home YES NO IX NAME OF Middle 4. DATE Month DECEASED DEATH August (Type or print) Byrn 10 GRACE 6. COLOR OR RACE 5 SEY MARRIED | NEVER MARRIED | 8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Birthday) Months Days Hours female white DIVORCED T WIDOWED A papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired) BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? Patent Office Baltimore, Maryland. Retired Clerk carbon 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME George Washington Hakesley Mary E.Bandel 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Add 2203 Holly Ave. Mrs. Harriett Stirlingnono 18 CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to uu3x**DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse fost. PERFORMED? YES NO M 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or fown) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg , etc.) Hour o. m. While Not white of work | of work 21. I certify that I attended the deceased from \_, 19\_52that I last saw the deceased TRUM, from the causes and on the date stated above alive on and that death occurred at ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S John V. Dolan 3100 Conn. Ave. N.W. Wash D.C. NAME (Type) FUNER 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify)
Burial Baltimore, Maryland Greenmount Cemeterv o 23. FUNERAL DIRECTOR'S SIGNATURE Wash 240 REC'D BY REGISTRAR TABE REGISTRAR'S SIGNATURE Co.2901 14th St., N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2 .V ULLIUR . v 5NV

BUREAU V. Z.

DIAMENTA

| 1  |     |               |  | 1                                   | MARYL                                 | AND                           | STATE              | DEPA         | RTM               | NT O                | F HEALT                          | Н—ВА          | LTIM        | ORE, 1                            | 8            | 0.8         | 625                              |
|--|-----|---------------|--|-------------------------------------|---------------------------------------|-------------------------------|--------------------|--------------|-------------------|---------------------|----------------------------------|---------------|-------------|-----------------------------------|--------------|-------------|----------------------------------|
| )ء د   | 14  |               |  | 08                                  | 644                                   |                               | •                  | CERTI        | FICA              | TE O                | F DEAT                           | Н             |             |                                   | Reg. Dist    |             | 117                              |
| director<br>iled with                              | m)  | 1. P          | LACE OF DEATH<br>COUNTY                                  | Moni                                | tgome                                 | ry                            |                    | MARY         | LAND              | 2. USUAL<br>a. STAT | RESIDENCE (                      | y Land        | sed lived   | If instituti<br>COUNTY            | HOW!         | before ac   | lmission)                        |
| funeral dire                                       |     | Ь             | CITY OF TOWN   | (If outside co<br>learest lown)     | rporate limit                         | s, write                      |                    | OUT:         |                   |                     | or town (i                       | WOO           | porate lin  | nits, write R                     | URAL and gi  | ve riegres! | town)                            |
| J.ho.  | 7 1 | Mo            | HAME OF HOSPI  | y Co                                | haspital, gi                          |                               |                    | osp,         |                   | d STRI              | EET ADDRESS                      |               |             |                                   |              | 0           | RESIDENCE<br>DILLA FARM?<br>S NO |
| illed in   |     | D             | IAME OF<br>ECEASED<br>Type or print)                     | C ON                                | NUS Fin                               | f                             |                    | Middle       |                   | CHR                 | o'B'ot                           | 4 DATI        |             | Mor                               |              | SI          | Year<br>19 57                    |
| campletely fille<br>papers. Enges<br>of h.         | 7   | 5. \$1        | Male   | Whit                                | 50                                    | WIDOWE                        |                    | DIVORCE      |                   | 9                   | I7 I                             | 389           | 68          | E (In years<br>birthday)<br>Byrs. |              |             | INDER 24 HRS                     |
| PEP  |     | F             | USUAL OCCUPATI   | ON (Give kin                        | nd of work d<br>en if retired)<br>ICI | ane 10b.                      | Wher               |              | R INDUST          |                     | Maryl                            |               | country)    |                                   |              | A.B.        | HAT COUNTRY?                     |
| e g g  |     |               | Lawern   |                                     |                                       | robo                          | t                  |              |                   |                     | tie<br>tie                       | NAME          | Uı          | nknov                             | m            |             |                                  |
| P 5 5  | 1   |               | NAS DECEASED EV  | W W.                                | ARMED FOR                             | E5? 16                        | SOCIAL SEC<br>DENO | WIN NO       | . 17. IN          | formant<br>1sie     | v.                               | Chro          | bot         | Add                               | Wood         | bine,       | Md.                              |
| attendin<br>n please<br>t within                   |     | П             | PART I. DE   | ATH Enter<br>ATH WAS CA<br>IMMEDIAT |                                       |                               | e for (o), (t      | b), and (c). | Ro                | mi                  | mh                               | 000           |             |                                   |              | INTERVA     | L RUIVEEN                        |
| ed by the a  |     |               | Conditions, if   | ony, which                          | DUE TO                                | P                             | ريو                | lie          | nl                | S.L.                |                                  | 1             |             |                                   |              | 6           | mentle                           |
| d ÷ ga   |     |               | gave rise to<br>couse (a), stating<br>lying couse last.  | the <u>under-</u>                   | DUE TO                                |                               | Û                  |              |                   |                     |                                  |               |             |                                   |              |             | *                                |
| al.  | Ģ   | CERTIFICATION |  |                                     |                                       | DITIONS C                     | ONTRIBUTI          | NG TO DEA    | ATH BUT N         | OT RELATE           | D TO THE TER                     | MINAL DISE    | ASE CON     | DITION GIV                        | 'EN IN PART  | PE          | REORMED?                         |
| ending ph<br>ficate has<br>the burial<br>ar remay  |     |               | 200. ACCIDENT W<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY | AS UNDERLY<br>CAUSE<br>MEDICAL E    | ING []<br>OF DEATH<br>XAMINER)        | 20b. DESC                     | RIBE HOW           | INJURY O     | CCURRED           | (Enter not          | ure of Injury i                  | n Part I or f | ort 11 of i | tem 18.)                          |              |             |                                  |
| his certification use as                           |     | MEDICAL       | Hour o. js.<br>P. m.                                     | RY Month,                           | Day, Yea                              | r 20d. IN<br>While<br>of work | Not we             | /hile        | 20e. PLA:<br>foct | CE OF INJU          | JRY (Hame, fa<br>affice bldg., e | rm, 20f. (C   | ily or tow  | n)                                | (Co          | ounly}      | (State)                          |
| he hospih<br>R: After I<br>ached for<br>burial, cr |     |               | 21. I certify the  | hat I atte                          | nded the                              | decease                       | -                  | Sept         | death             | , 19_               | 51, to A                         | U6087         | - 3/        | , 19.5                            | Zithat I fo  | ist saw t   | he deceased tated above.         |
| d by the   | 1   | П             | ACTUAL SIGNATURE   | ms (                                | P- 1                                  | CON                           | ~                  |              | DCGIII .          | 0                   | Lo                               |               |             | ty or town,                       |              | a dule s    | DATE 1/5                         |
| A A Bank   | ,   | П             | PHYSICIAN'S<br>NAME (Type)                               | JAMO                                | = 5 F                                 | 7-K                           | FRI                | 2            | 4.                | <b>&gt;</b> -       |                                  | D             | Alma        | 15C U                             | 5. 1         | MO          | of a mind of the state of        |
| may be<br>FUNE<br>page 3<br>the regi               |     | 220.<br>Bu    | BURIAL, CREMATIC<br>REMPTAN (Specify                     | 1 6                                 | ig. 2                                 |                               |                    | nnin         |                   | Chap                |                                  |               | ATION (C    | ity, town, o                      | hape         |             | Stote)                           |
| VS A15 (4)<br>15M 9/55                             |     | n f           | UNERAL DIRECTOR  | SSIGNATU                            | ber                                   |                               | Layt               | ess<br>Onev  | 111e              | . Ma                | 24a. REG                         | C'D BY REG    | -           |                                   | STRAR'S SIGN |             | Land                             |
|  |     | -             | 0  |                                     |                                       |                               |                    |              |                   |                     |                                  |               |             |                                   |              |             |                                  |

BUREAU W.S.

TREE SO 19957



VS A15 [4] 15M 9/55

| ARYLAND STAT | E DEPARTMENT C | OF HEALTH-B | ALTIMORE, 1 | 8 |
|--------------|----------------|-------------|-------------|---|
|--------------|----------------|-------------|-------------|---|

**CERTIFICATE OF DEATH** 

08626

| A   |  | 0864   | 15          | CERT                   | IFIC.    | ATE OF DEAT                 | H              |                                  | Reg. Dist.      | No. 2      | 14                  |
|-----|--|--|-------------|------------------------|----------|-----------------------------|----------------|----------------------------------|-----------------|------------|---------------------|
|     | I. PLACE OF DEATH                                      |  |             |                        |          | 2. USUAL RESIDENCE (        | Where deceas   | ed lived. If instituti           | on: Residence t | efore adm  | ission)             |
|     | Mc Mc  | ontgomery                                      |             | MAI                    | RYLAND   | o. STATE Ken                | tucky          | b. COUNTY                        |                 |            |                     |
|     | b. CITY OR TOWN (II                                    | f outside corporate limi                       | ls, write   | c. LENGTH OF STA       | Y IN 1b  | c CITY OR TOWN (I           | f outside corp | orole limits, write R            | URAL and give   | nearest to | wn) ,               |
|     | Bethesda II  | , Maryland                                     |             | 19 days                | 3        | Madisonv                    | ille           | 4                                | ( )             |            |                     |
| 150 |  | AL (If not in hospital, g                      |             | oddress)               |          | d. STREET ADDRESS           |                |                                  |                 | e. IS R    | ESIDENCE<br>A FARM? |
|     | The Clinica  | l Center,                                      | Bethe       | sda llı, M             | d.       | 156 Nort                    | h Semi         | nary Stre                        | et              |            | NO A                |
|     | 3. NAME OF<br>DECEASED                                 | Fir  | 3.0         | Midd                   | le       | Lost                        | 4. DATE        | Man                              | th              | Doy        | Yeor                |
|     | (Type or print)  | Omer   |             | Dani                   | lel      | Clayton                     | DEATH          | • Aug                            | ust 18          | }          | 19 57               |
|     | 5. SEX   | 6. COLOR OR RACE                               | 7 MARRI     | ED NEVER MAR           | RIED 🔲   | B. DATE OF BIRTH            |                | 9. AGE (In years lost, birthday) | Months Do       |            | 7                   |
|     | Male   | White  | WIDOWE      |                        |          | October 27,                 |                | 25 yrs                           | Months Do       | /s Hour    | s Men               |
| ,   | 100 USUAL OCCUPATION during most of work               | N (Give kind of work ing life, even if relired | done 10b. 1 | KIND OF BUSINESS       | OR INDU  | Kentuc                      | te or foreign  | country)                         | 12. CITIZEI     | OF WH      | AT COUNTRY?         |
| /   |  |  |             | Coal Mini              | ing      |                             |                |                                  | U.              | S.A.       |                     |
| -   | 13. FATHER'S NAME                                      |  |             |                        |          | 14. MOTHER'S MAIDEN         | -              |                                  |                 |            |                     |
|     | Omer T. (  |  |             |                        |          | Bonnie                      |                |                                  |                 |            |                     |
|     | 15. WAS DECEASED EVER                                  | R IN U. S. ARMED FOR                           | nrvice]     | SOCIAL SECURITY N      |          | NFORMANT The M              |                |                                  |                 |            |                     |
| /   | Yes  | Korean   |             | Not avails             | able :   | The Clinical                | Cente:         | r, Bethes                        | da lli,         | Mary.      | Land                |
|     |  | TH [Enler only one co                          | use per lin | e for (o), (b), and (d | :).]     |                             |                |                                  | 1               | NTERVAL    | BETWEEN<br>ID DEATH |
|     | PART I. DEAT   | TH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o        | In          | UCREASE                | 0        | ENRRACE ALV                 | IAL P          | SU2239                           |                 |            | MITH                |
|     | ×  | OUE TO   |             |                        |          |                             |                |                                  |                 |            |                     |
|     | Conditions, if or                                      |  | ME          | TASTAT                 | 10 0     | TUAN BURN                   | 20 P           | MOUAL                            | A               | イイド        | HRS                 |
|     | gove rise to in<br>couse (o), stating I                |  |             |                        |          |                             |                |                                  |                 |            |                     |
|     | lying couse lost.                                      | ) [c   | )           |                        |          |                             |                |                                  |                 |            |                     |
| 4   | PART 11. OTH  PART 11. OTH  PART 11. OTH  PART 11. OTH | IER SIGNIFICANT CON                            | DITIONS C   | ONTRIBUTING TO D       | EATH BUT | NOT RELATED TO THE TER      | MINAL DISEA    | SE CONDITION GIV                 | EN IN PART 16   | PERI       | ORMED?              |
| d   | 5  |  | 201 200     |                        |          |                             |                |                                  |                 | YES ]      | IK NO □             |
|     | OR CONTRIBUTING  | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER) | 205. DESC   | RIBE HOW INJURY        | OCCURRE  | D (Enter noture of injury i | n Porl I or Po | rf II of (lem IB )               |                 |            |                     |
|     |  |  | - 1204 101  | JURY OCCURRED          | 20- 01-  | ACE OF INJURY (Home, fo     | 2005 161       |                                  |                 |            | ***                 |
|     | 20c TIME OF INJURY                                     | 19   | While       | Not while              | loc      | clory, street, office bldg, | Hc.)           | y or town)                       | (Cour           | lly}       | (Slole)             |
|     |  |  |             | of work                |          | 4-                          |                |                                  |                 |            |                     |
|     | 21. I certify the                                      | at I attended the                              |             |                        |          | , 19 <u>.57</u> ., ta       |                |                                  |                 |            |                     |
|     | alive on_Aug   | wat lo   | , 125       | ond the                | it death | accurred at 2:3             |                |                                  |                 |            |                     |
| ,   | ACTUAL R   | 0 0  | 1           | His                    |          |                             |                | Street, city or town,            | stote)          | 0/         | DATE SIGNED         |
|     | SIGNATURE  | 16 XVavex                                      | 12.         | O Maw                  |          | Mo. The Clin                |                |                                  |                 | 0/-        | 10/21               |
|     | PHYSICIAN'S<br>NAME (Type)                             | Richard K.                                     | Shaw        | , M. D.                |          |                             |                | tutes of                         | Health          |            |                     |
|     | 220. BURIAL, CREMATION                                 | N 225 DATE THERE                               | F           | 22c. NAME OF CE        | HETERY O | Bethesda                    |                | TION (City, town,                |                 |            |                     |
|     | Bur transit  | 8/19/19  |             | Browder                |          |                             |                | pkins Co.                        |                 | tucky      | ote)<br>7           |
|     | 22 FUNERAL DIRECTORY                                   | C CICNIA TURE                                  |             | 4 DODECE               |          |                             | -1             |                                  | STRAR'S SIGNA   |            | -                   |
|     | Robert A. I  | umphrey-                                       | 7557        | Wis. Ave               | . Bet    | hesda, Nid                  | -20-           | 17 Ba                            | i. Su           | 10         | Air                 |
|     |  |  |             |                        |          | JAIL                        |                | V E 18 CLECK                     | ucult 1         | 1600       | TARRE               |

OBCEINED TO

BUREAU V. S.

VS A15 (4) 15M 9/55

| MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 |
|---|
|---|

08646 CERTIFICATE OF DEATH

8 ()8627 Reg. Dist. No. 2/6

|   |   |  |               |  |                        |                                    | Keg. Dist.    | 140.                                |
|---|---|--|---------------|--|------------------------|------------------------------------|---------------|-------------------------------------|
| 1 PLACE OF DEATH  a COUNTY                | Montgomery  | MARY   | LAND          | 2. USUAL RESIDENCE (Who g. STATE Virginia                    | ere decease            |                                    | oni Residence | before admission)                   |
|   | If outside corporate limits, w                        | rile c. LENGTH OF STAY                               | IN 16         | c CITY OR TOWN (If o   | utside corp            | prote limits, write                | RURAL and giv | e nearest town)                     |
| Bethesda                                  | earest town)  | 17 days  |               | Alexandria   |                        |                                    |               |                                     |
| d NAME OF HOSPI                           | TAL (If not in hospital, give s                       | treet oddress)                                       |               | d STREET ADDRESS   |                        |                                    |               | e. 15 RESIDENCE                     |
| The Clinic                                | cal Center, Bo  | ethesda 14, M  | d.            | 303 Hamilto  | n Dri                  | .ve                                |               | ON A FARM? YES NO E                 |
| 3. NAME OF<br>DECEASED<br>(Type or print) | Wayne   | Alle   | n             | Clift  | 4. DATE<br>OF<br>DEATH | Mo<br>Au                           | on<br>gust    | 21, 19 57                           |
| 5. SEX                                    | 6. COLOR OR RACE 7.                                   | MARRIED NEVER MARRIE                                 | D.K.          | B DATE OF BIRTH  |                        | 9. AGE (In years<br>lost birthday) |               | YEAR IF UNDER 24 HRS                |
| Male                                      | White wit   | DOWED DIVORCE  |               | December 9.  | 1954                   | 2 yrs                              | Months D      | oys Hours Min                       |
| 100 JSUAL OCCUPATE                        | ON (G've kind of work done                            | 106 KIND OF BUSINESS O                               | R INDU        | STRY 11 BIRTHPLACE (Stote I                                  | or foreign i           | country)                           | 12 CITIZI     | EN OF WHAT COUNTRY?                 |
| None                                      | king life, even if retired)                           | None   |               | District o   | f Col                  | umbia                              | J             | J. S. A.                            |
| 13. FATHER'S NAME                         |   |  |               | 14 MOTHER'S MAIDEN N   |                        |                                    |               |                                     |
| Cline A. (                                | Clift   |  |               | Eroll Huto   | hins                   |                                    |               |                                     |
| 15 WAS DECEASED EVE                       | R IN U. S. ARMED FORCES?                              | 16 SOCIAL SECURITY NO                                | . 17 I        | NFORMANT The Med   | ical                   | Record Add                         | dress         |                                     |
| No  | (it yet, give war or acted or terrice)                | None   | 7             | The Clinical C   | enter                  | , Bethes                           | da Ili,       | Maryland                            |
|   | ATH [Enter only one couse                             | per line for (a), (b), and (c)                       | ]             | 2 -2   |                        |                                    |               | INTERVAL BETWEEN<br>ONSET AND DEATH |
| PART I. DEA                               | TH WAS CAUSED BY: IMMEDIATE CAUSE (6)                 | Cardia   | 1 6           | lerest   |                        |                                    |               |                                     |
| 1541                                      | DUE TO  | 0.   |               |  |                        |                                    |               | 2                                   |
| Conditions, if a                          | ny, which ) (bl                                       | tratent de   | ucs           | Tue arteriorus   | <i>a</i> ,             |                                    |               | Consented                           |
| gave rise to i                            | mmediate ( DUE TO                                     |  |               |  |                        |                                    |               |                                     |
| Couse (o), stoling<br>lying couse lost.   | (c)   |  |               |  |                        |                                    |               |                                     |
| Z PART II OT                              |   | ONS CONTRIBUTING TO DEA                              | ATH BUT       | NOT RELATED TO THE TERMI                                     | NAL DISEA              | E CONDITION GI                     | VEN IN PART T | (o) 19 WAS AUTOPSY                  |
| PART II OTI                               |   |  |               |  |                        |                                    |               | PERFORMED?                          |
| C (IF EITHER, NOTIFY                      | AS UNDERLYING   20b. CAUSE OF DEATH MEDICAL EXAMINER; | DESCRIBE HOW INJURY OF                               | CCURRE        | D (Enter nature of injury in P                               | ort I or Po            | rt II of item 18 )                 |               |                                     |
| 20c. TIME OF INJUS<br>Hour o. m.          | v   | Od. INJURY OCCURRED  While Not white It work at work | 20e. PL<br>fo | ACE OF INJURY (Home, form, ctory, street, affice bldg., etc. | 20f (Cit               | y or town)                         | (Co.          | uniy) (Stote)                       |
|   | at Lattended the dec                                  | egred from Alleni                                    | st            | 1 1957 to Au   | gust                   | 21 1057                            | sheet Lie     | st saw the deceased                 |
|   | igust 21  |  |               | occurred at 4:40p  |                        |                                    |               |                                     |
| GIVE OUT 144                              | April V Literary                                      | -, and ther  | death         |  |                        | m the causes intent, city or town  |               | date stated above                   |
| ACTUAL (                                  | Tamas A   | mille  | 11            | Mp. The Clini  |                        |                                    |               | 8/27/17                             |
| SIGNATURE                                 | Lumes u.  | III Yallan   | 4             |  |                        |                                    | 777-1         | 0/21/21                             |
| PHYSICIAN'S<br>NAME (Type)                | James A. McF  | arland, M. D.  |               | National<br>Bethesda   |                        |                                    | неаты         | 1                                   |
| 220 BURIAL, CREMATIC<br>GEMOVAL (Specify) | ON, 226. DATE THEREOF                                 | 57 arlington   | TERY O        | Constant   | 278. LOCA              | TION (City, lown,                  | or county)    | (State)                             |
| 23 FUNERAL DIRECTOR                       | 'S SIGNATURE  | ADDRESS!   | 7             | 24q AE   | R REGIS                | 5195                               | STRAR'S SIGN  | ATURE                               |

## BUREAU V. S.

7581 98 **2UA** 



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

SECEDAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Reg. Dist. No. / \_ Z 2 USUAL RESIDENCE (Where decreased lived. If institution: Residence before admission) b. COUNTY c. City OR TOWN/(If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO P Month Year AUGUST 57 19 IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In years last birthday) Days Hours 12. CITIZEN OF WHAT COUNTRY? Address Mrs. Leonard E. Johnson, 2214 Prichard Rd. Spring, Meinterval Between ONSET AND DEATH PERFORMED? YES NO ... (County) (Stole) 8-25 195 1, that I last saw the deceased \_\_ and that death accurred at 11-32.4 \_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

BUREAU V. S.

UBABOED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

7861 88 1957

BECEIVED

death,

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

SECEIVED 1957

BUREAU V. S.

BECEDAED

08633

215 Reg. Dist. No.

| 1. PLACE OF DEATH                         |                                       |                | -                           |            | 2. USUAL RESIDE       | NCE (Whe   | re decease    |                                     |             | ance before  | odmini                       | on)                   |
|---|---------------------------------------|----------------|-----------------------------|------------|-----------------------|--|---------------|-------------------------------------|-------------|--------------|------------------------------|-----------------------|
|   | Montgomery                            |                | MARYEA                      | ND         | Rh                    | node :   | Islan         | ig P' CORN                          | ťΥ          |              |                              |                       |
| b. CITY OR TOWN (I<br>RURAL and give or   | f autside corporate fimil             | s, write       | c. LENGTH OF STAY IN        | 1ь         | c. CITY OR TO         | WN (IF ou  | tside corpo   | prote limits, write                 | RURALON     | d give neare | est fown                     | )                     |
|   | Rural)                                |                | 8 days                      |            | N∈                    | ewpor'   | t             | ,                                   | ,           |              |                              |                       |
| d NAME OF HOSPIT<br>OR INSTITUTION        | AL (If not in hospital, g             | ve street (    | address)                    |            | d. STREET ADE         | DRESS  |               |                                     |             | •.           | IS RESI                      |                       |
| U.S. Naval                                | Hospital,                             | Bethe          | sda, Md.                    |            | 56                    | 5 Lev  | in St         | reet                                |             |              |                              | FARM?                 |
| 3. NAME OF<br>DECEASED                    | Firs                                  | ŀ              | Middle                      |            | Losi                  |  | 4. DATE<br>OF |                                     | onth        | Doy          | Y                            | 601                   |
| (Type or print)                           | Char                                  | les            | Edward                      |            | CO                    | Χ.   | DEATH         | Au                                  | gust        | 2            | 1                            | 957                   |
| 5. SEX                                    | 6 COLOR OR RACE                       | 7. MARR        | IED NEVER MARRIED           | <b>E</b> 8 | . DATE OF BIRTH       |  |               | 9, AGE (In year                     | ) Months    | ER I YEAR I  |                              |                       |
| Male                                      | White                                 | WIDOWE         | D DIVORCED                  |            | 20 Augus              | st 19  | 80            | 108 birthdoy                        | 7 MORITA    | Days         | Haurs                        | Min,                  |
| 10a. USUAL OCCUPATIO                      | ON (Give kind of work o               |                | KIND OF BUSINESS OR         |            |                       |  | _             | auntry]                             | 12. 0       | ITIZEN OF    |                              | COUNTRY?              |
| Mariner                                   |                                       | U.             | S. Navy (Reti               | red        | ) Teni                | nesse  | е             |                                     |             | U.S          | 5.                           |                       |
| 13. FATHER'S NAME                         |                                       |                |                             |            | 14 MOTHER'S M         |  |               |                                     |             |              |                              |                       |
| William CO                                | K.                                    |                |                             |            | Lydia Cl              | HADWE  | IL            |                                     |             |              |                              |                       |
| 15. WAS DECEASED EVE                      | R IN U. S. ARMED FOR                  |                | SOCIAL SECURITY NO.         |            | FORMANT               |  |               |                                     | ddress      |              |                              |                       |
| Yes                                       | WW-II                                 | T              | Jnknown                     | Of         | ficial Na             | avy R  | lecord        | asa                                 |             |              |                              |                       |
| 18. CAUSE OF DEA                          | ATH [Enter only one co                | use per fir    | ne far (a), (b), and (c) ], |            | 1                     |  |               |                                     |             |              | VAL BET                      |                       |
| PART I. DEA                               | TH WAS CAUSED BY. IMMEDIATE CAUSE (o) | /              | 3 ronche                    | 0 //       | menso                 | ء م⊏ائم ،  |               |                                     |             | ONSE         | AND                          |                       |
| 151X                                      | DUE TO                                |                |                             | -          | 4                     | The Control of the Co |               |                                     |             |              |                              |                       |
| Conditions, if o                          | ny, which } (b)                       |                | greens                      | m.         | tou                   |  |               |                                     |             | 6            | 100                          | -0.                   |
| gove rise to i                            | mmediate Dur To                       |                | Gast                        | rio        | Carcino               | oma  |               |                                     |             |              |                              |                       |
| lying cause lost.                         | (c)                                   |                | Adenocarci                  |            |                       | and the second   | 1)            |                                     |             |              |                              |                       |
| Z PART II. OT                             |                                       |                | ONTRIBUTING TO DEATH        |            |                       |  |               | E CONDITION O                       | SIVEN IN PA | ART 1(a) 19. | WAS A                        | UTOPSY                |
| ĮŠ.                                       |                                       |                |                             |            |                       |  |               |                                     |             |              | PERFOI<br>YES <mark>文</mark> | NO 🗌                  |
| PART II. OTI                              | S UNDERLYING                          | 20b. DES       | CRIBE HOW INJURY OCC        | URRED      | (Enter nature of e    | njury in Po  | ort for Pai   | rt II of item 18 )                  |             |              |                              |                       |
| UN CONTRIBUTING                           | S UNDERLYING DEATH MEDICAL EXAMINER)  |                |                             |            |                       |  |               |                                     |             |              |                              |                       |
| 20c. TIME OF INJUS<br>Hour a. m.<br>p. m. | Y Month, Day, Yes                     | r 20d It       | NJURY OCCURRED 20           | e. PLA     | CE OF INJURY (Ho      | me, form,  | 20f (Cit      | y or lown)                          |             | (County)     |                              | (State)               |
| Hour a.m.                                 | 19                                    | While of world | Not while                   | foct       | ory, street, office b | oldg., elc.)   |               |                                     |             |              |                              |                       |
|   | at I attended the                     | donon          | 0E 7.7                      | Lv         | 19 57                 | . 2  | Augu          | st 10 5                             | 7 45-05     | I Inst see   | . Also                       | 4                     |
| alive on 1 A                              | non i allended me                     | aeceas         |                             |            | accurred at 7         | 10   |               |                                     | nar         | I lost sav   | v ine                        | aeceasea              |
| Olive on                                  |                                       | 12             | 21-, and that a             | earn       | accurred at 1         |  |               | m The Causes<br>itreet, city or low |             | the date     |                              | d abave.<br>TE SIGNED |
| ACTUAL /                                  | 2000                                  | /3             | 160                         | -          | - II C M              |  | •             | ital, Be                            |             | FM of        | _                            |                       |
| SIGNATURE                                 | 10 year                               |                | 7-7                         | M          | I.D O . D IN          | GAGT.  | Trosh         | That's Do                           | GHESQ       | a, Pu        | • 0-                         | £_21                  |
| PHYSICIAN'S<br>NAME (Type) DO             | ouglas R. Ko                          | oth,           | LT,MC,USN                   |            | U.S. N                | aval   | Hosp          | ital, Be                            | thesc       | la, Md       | •                            |                       |
| 220. BURIAL, CREMATIC                     |                                       | F              | 22c. NAME OF CEMETE         | RY OR      | CREMATORY             |  |               | TION (City town                     |             |              | (State                       | )                     |
| Bur La L                                  | 8-6-57                                |                | Island Cem                  | etei       | су                    |  | Newpo         | rt, Rho                             | de Isl      | Land         |                              |                       |
| 26/ EUNERAL DIRECTOR                      | S SIGNATURE                           |                | ADDRESSBe the               | esda       | , Md . 2              | No REC'D   | BY REGIS      | TRAR 245 RE                         | GISTRAR'S   | SIGN TURE    | /)                           | 0                     |
|   |                                       | Tome .         | 7557Wiscons                 |            |                       | DATE 8   | -2-57         | 1/1                                 | acy.        | 6            | ran                          | rell                  |

the funeral director, 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 standard de detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 of the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours offse-death. VS A15 (4) 15M 9/55

S'A. A. T. Tal.

BCEINED

Wisconsin Ave. . Bethesda . Md.

e. IS RESIDENCE ON A FARM?

YES NO K

19 5

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES IN NO

> > (State)

U.S.

(County)

0

BUREAU V. S.

406 19. 1957

BECEINED

certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



08653 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery Maryland Montgomerv death: the funeral should be f b. CITY OR TOWN (if outside carparate limits, write c. LENGTH OF STAY IN Th c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest tawn) RURAL and give negrest town) 28 hr. 15 min Brinklow d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery Co. General Hospital YES NO TY NAME OF Middle 4. DATE Last Month Day Yeor DECEASED (Type or print) Edward Cuff DEATH John August 57 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Male White WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Foreman. District Water Department Maryland United States carbon 13. FATHER'S NAME ofter, 4 MOTHER'S MAIDEN NAME William Cuff emave o Elizabeth Hewitt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Alice M. Cuff Brinklow, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONDEYAND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Nephrosclerosis Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) Hour a. n. foctory, street, office bldg., etc.) While Not while p. m. of work at work 21. I certify that Lattended the deceased from that I last saw the deceased and that death occurred at 2:40% M, from the causes and an the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE C/othsolle, Ad. PHYSICIAN'S S. Whitaker. M. NAME (Type) C FUNER 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Aug. 15.1957 Woodside Cemeterv Brinklow. Maryland Burial 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** ZNo. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU M. B.

OBVER SE 1957

| 1  |         | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (18637)  |
|--|---------|--|
| FOR STATE  |         | 08654 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 218   |
| HEALTH DEPT.   |         | PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) 3. COUNTY   |
| Page Sego  | ľ       | Montamore MARYLAND O. STATE maryland b. COUNTY months  |
| Health ( )   | ь       | CITY OR TOWN (II oppose corporate limits, or to RURAL and give morest fown)  |
| र देवं वंदे  |         | and gry nearest lown)  |
| Se de la company |         | I NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d STREET ADDRESS  e IS PI V F   |
| 2 2 2  |         | ON, FARN'  |
| 20日の元  | -4      | Route 28 - K.T. 2 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -   |
| Sto dea  | 1       | NAME OF DECEASED   Middle Lost 4. DATE Month Doy Year  |
| >4 8 4 5<br>0 9 5 0 7  |         | Typo or print) ( Africa Torone Cummahan DEATH 8-11-57 19   |
| # 5 5 T  | 5. 5    | The state of the s |
| E & 3 € 8  |         | male widowed Divorced 7/8/57 Wrs Months Days Hours Min.  |
| 25 de 9 de 1   | 100     | . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT COUN'RY (uring most of working life, even if relired)  |
| 200 E  | "       | md u.s.c   |
| ar a   | 13.     | FATHER'S NAME 14. MOTHER'S MAIDEN NAME   |
| PA POG   |         | Ti de la Ballande  |
| ho ho  | 15.     | WAS DECEASED EYER IN O. S. ARMED FORCES? To SOCIAL SECURITY NO 17. INFORMANT Address   |
| 2.0 mg   | JYen    | . no. or endnown)   Ill yes, give wor or dates of service)   |
| E SO F IE E  | =       | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]  |
| ≱ E G G G  |         | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ] PART 1 DEATH WAS CAUSED BY:  **PART 1 DEATH WAS CAUSED BY:   |
| the state of the s |         | IMMEDIATE CAUSE (0) Zelence of Kary  |
| Hick<br>Fice<br>Prop   |         | 475x DUE TO Deld & A   |
| i di Qie   |         | gove rise to immediate couse (b) Italian Respectify  |
| Page and a second secon |         | (a), stating the underlying DUE TO   |
| min<br>an,<br>an,  |         | couse last. (c)  |
| ding ding ding   | g.      | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  |
| Ser Ser C  | 3       | YES NO   |
| d in   | CERTIF  | 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18 )  |
| f M<br>f A<br>orice  |         | CAUSE OF DEATH.  |
| 프로운영<br>라이   | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year 20d NJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (Caunty) (State)  |
| gr e 3   | ME      | Hour e. m. While Not while of work of work of work   |
| E de la  |         | 21. I certify that I took charge of the remains described obove, held an Autopsy . Inspection X, Inquiry X, and in my  |
| R G L  |         | opinion death resulted fram: Natural causes N. Accident , Suicide , Homicide , Undetermined manner   |
| A Coop of the Coop |         |  |
|  |         | SIGNATURE THE BOULD BATE SIGNED MD CHIEF MEDICAL EXAMINER [] DATE SIGNED   |
| 2  |         | ASSISTANT MEDICAL EXAMINER   |
| ≥ 型 型 2 mg   |         | NAME (Type) FLANK J. RICCHZLY DEPUTY MEDICAL EXAMINER DE 8-11-57   |
| Shorts d   | 220     | BURIAL, CREMATION   226 DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d LOCATION (C. IV. town, or county) (State)  |
| B STATE B  |         | "Transit"   8/12/57   Hillcrest   West Palm Beach, Florida   |
| 5  | 23.     | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE   |
| VS A15ME   |         | Robert A. Pumphrey-Bethesda, Md.   |
| 5M 2 57  |         | AND I I WHIT WE COME CONTES  |
|  | , Au    |  |

M CALL

MEGENT TE DIN

| MARYLAND STATE DEPART  | TENT OF HEALTH—BALL  | IIMORE, 18   |
|--|--|--|
| 08695 CERTIFIC   | ATE OF DEATH   | Reg. Dist. No. 273   |
| o. COUNTY MOST TARMERED MARYLAND   | o. STATE Maryland  | lived. If institution, Residence before admission) b. COUNTY MONTECHETY ofe limits, write RURAL and give nearest town)   |
| TAKONA Park 3 ohrs. bines  | Silver Spr   | ing  |
| OR INSTITUTION Jashinsten Sant Hosp.   | /1607 Neeley Road  | •, IS RESIDENCE<br>ON A FARM?<br>YES NO  |
| NAME OF DECEASED (Type or print)  Middle   | DAVZY DEATH  | Month Doy Year any. 25 1957  |
| SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED     Female   White   WIDOWED   DIVORCED                       | 8. DATE OF BIRTH ()  any 29 - 57   | 9. AGE (In years lest birthday) Months Days Hours Min.   |
| <ul> <li>USUAL OCCUPATION (Give kind of work done<br/>during most of working life, even if retired)</li> </ul>   | DUSTRY 11, MRTHPLACE (Stote or foreign co  | nuntry) 12 CITIZEN OF WHAT COUNTRY   |
| Ralph Phillip Davey  | Shirley Margare  | et Kelley  |
|  | Father   | Address<br>Same  |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  POLY  POLY  PROBLEM  Prematurity  DUE TO                       |  | INTERVAL BETWEEN<br>ONSET AND DEATH  |
| Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO  (c) |  |  |
| Incomplete Expansion of lungs/   |  | PERFORMED? YES MO  |
| 1  | RED. (Enter nature of injury in Port I or Port   | If of item \$8.)   |
| 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e.  Hour o. m. 19 While Not work of work of work      | PLACE OF INJURY (Home, farm, 20f (City factory, street, office bldg., etc.)  | ar lawn) (County) (State)  |
| 21. I certify that I attended the deceased fram. Aug. 2  | 7, 1957, to Aug .:   | 28 19.57, that I last saw the decease  |
| ACTUAL Bennet a. Borter J. mp  |  | reet, city or lawn, state) DATE SIGNI  |
| PHYSICIAN'S Bennet A. Porter, Jr., M. D.   | 9301 Colesville  | Rd. Silver Spring. Ed.   |
| removal & Proly) 226. Date Thereof Washington S  | anitarium and Hosp;  | /  |
| FUNERAL DIRECTOR'S SIGNATURE ADDRESS   | 24o. REC'D W REGIST  | RAR 246 MEGISTRAR'S SIGNATURE  |
|  | PLACE OF DEATH  C. COUNTY  C. TOWN (If outside corpbrote limits, write of c. LENGTH OF STAY IN 16 gruen agreed town)  PARTIAL  d. NAME OF HOSPITAL (If not in hospitol, give street address)  OR INSTITUTION  CASTALLAGE AND STAY IN 16 greet street address)  OR INSTITUTION  SEX  Female  6 COLOR OR RACE  7 MARRIED  NEVER MARRIED  DIVORCED  OUSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INE during most of working life, even if retired)  FATHER'S NAME  Ralph Phillip Davey  WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give were or dates of service)  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate acuse (o), tolting the underlying couse lost.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  TIC Plete Expansion of lings/  200. ACCIDENT WAS UNDERTYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  201. I certify that I attended the deceased fram Aug. 2  alive an Aug. 2  ACTUAL  Bennet A. Porter, Ir., and that deal  ACTUAL  SIGNATURE  PHYSICIAN'S Bennet A. Porter, Ir., M. D.  10. BUSIAL, CREMATION, 12b. DATE THEREOF  12c. NAME OF CEMETERY  12c. NA | PLACE OF DEATH  C. COUNTY  ARYLAND  D. CITY OR TOWN If outside corplored limits, write of c. LENGTH OF STAY IN 16  RURAL and NORSYITAL Iff not in hospiol. Give street address?  C. NAME OF DORSTIAL Iff not in hospiol. Give street address?  C. CITY OR TOWN Iff outside corplored limits, write of care of the corplored limits, write of care of the corplored limits. Write of the care of the corplored limits. Write of the care of the corplored limits, write of care of the corplored limits. Write of the care of the care of the corporation of the care of the ca |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. EALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a COUNTY files. Health, 6 COUNTY MARYLAND E TENGTH OF STAY IN TH c CITY OR TOWN (If sulside corporate him to write RURAL and give negres) town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS PE DEL E ON A 95 YES TO NO TO 3. NAME OF M ddla DATE Loss Month Yeo DECEASED OF (Type or print) DEATH 9 AGE (In years 19 5. SEX & COLOR OR RACE 7. MARR ED THE NEVER MARRIED A DATE OF BIOTH IF UNDER TYPAR! IF UNDER 24 HES lost birthday) Morths Days Hours WIDOWED [ DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b 12. C TIZEN OF WHAT COUNTRYS during most of working I fall even if retired) In Please ours afte Pages 1 n PM3. 13. FATHER'S NAME 14. MOTHER'S MANDEN NAME 24 hou form S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT E E WW1 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ] alang INTERVAL BETWEEN DHSET AND DEAT & PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) s Office DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NALD SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [ NO V 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I of item 18) 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20a PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year (Courty) (Stole) factory, street, office bldg., etc.) Hour While p. m. at work at wark 21 I certify that I took charge of the remains described above, held an Autopsy 17. Inspection VI. Inquiry 📆 and in my Worded opinion death resulted from. Natural couses . Accident . Suicide . Homicide . Undetermined monner ACTUAL DATE SIGNED DIR CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER [3] NAME (Type) Shor FUN: 220. BURIAL CREMATION | 226 DATE THEREOF 27d LOCATION (City, lown, or county) (Stote) REMOYAL (Specify) Burial 8/14/57 Arlington, Virginia 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC D BY REG STRAR Pumphrey-Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08658Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution; Residence before admission) n. COUNTY b. COUNTY o. STATE MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give reforest town] b. CITY OR TOWN III outside comorate limits, write RURAL e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES IN NO A 26 NAME OF Middle 4. DATE Month Day Year DECEASED OF DEATH (Type or print) 19.17 2 with the cer IF UNDER TYEAR 9. AGE th vec IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED B. DATE OF BIRTH feet burthdowl Months WIDOWED F DIVORCED Vyrs. 12 CITIZEN OF WHAT COUNTRY? 10a. OSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY rudde maris IMMEDIATE CAUSE (o) 4-15 8/01 DUE TO along with f Conditions, if ony, which gave rise to immediate cause DUE TO (a), stalling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO Z 20g EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (State) ortificate, writing the war to the Chief Medical E. DIRECTOR: Page 3 sho factory, street, office bldg., etc.) While Not while o. m. of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 🔀 Inquiry X, and find that Homicide , Undetermined couse death resulted fram: Natural causes Accident | Suicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER ST NAME (Type) forwa O FUNE 22a. BLRIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Slate) REMOVAL (Specify) Forest Glen. Marvland Buria John!s\_ ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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BUREAU V. S.

0864508607 CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY COUNTY MARYLAND funeral CITY OR TOWN (If autside corporate limits, serite c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 5 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle Lost 4. DATE Month Day Yeor DECEASED OF DEATH August (Type or print) 19 5. SEX 6 COLOR OF RACE 9. AGE (In years last birthday) IF UNDER TYEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B. DATE OF BIRTH completely Months Days Hours DIVORCED | WIDOWED 1 papers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHYLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) cospus oud poq usewille FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician ğ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address g cords affend 18. CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO á Canditions, if any, which (6) gove rise to immediate **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II af item 18) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year (County) (State) Hour o.m. factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased fram. to aug 2 ., 19.5%,that I lost saw the deceased , and that death accurred at 3.30 f.M. from the causes and on the date stated above. alive an Allen ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 500 N. Underwood St. Washington, D. C. PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Cemetery Cedar Prince Georges Co. Md. Burial 0 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 745-REG68TRAD'S SIGNATURE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

|                      |            |  | MARYL   |               | STATE DEPARTM            | ENT OF HE                                     | ALTH—BA             | ALTIMORE,                          | 18                                    | noe             | 16               |
|----------------------|------------|--|---|---------------|--------------------------|---|---------------------|------------------------------------|---------------------------------------|-----------------|------------------|
| Physique Mark (1987) |            |  | 086   | 60            | CERTIFICA                | TE OF DE                                      | ATH                 |                                    | Reg. Dist, No                         | 086             | 2 /-             |
| )                    | 1.         | PLACE OF DEATH   |   | ·             | MARYLAND                 | 2. USUAL RESIDEN                              | ICE (Where dece     | ased lived If institut             | ion: Residence bef                    |                 | ion)             |
|                      | $\vdash$   |  | tgomery   |               |                          |   | yland               |                                    | Carrol                                |                 |                  |
| 18                   |            | RURAL and give i   | (if outside corporate limit<br>nearest town)              | is, write     | c. LENGTH OF STAY IN 16  | c. CITY OR TOV                                | VN (If outside co   | rporate limits, write I            | RURAL and give in                     | earest town     | 1) 🗸             |
| -                    | _          | Sandy Sr   | oring   | /             | 3 hrs. 2 min             | 7107  | Airy                |                                    |                                       |                 |                  |
| 12                   |            | An   | ITAL (If nat in haspital, g                               |               |                          | d. STREET ADD                                 | ** .                |                                    |                                       |                 | FARM?            |
|                      |            |  | ery County G  | enera         | 1 Hospital               | Rou   | te #2               |                                    |                                       | YES F           | NO 🗌             |
|                      |            | NAME OF<br>DECEASED                                      | Fin   | d             | Middle                   | Lost  | 4. DAT              | E Moi                              | nth D                                 | Doy 1           | Year             |
|                      | 1-         | (Type or print)  | Bab   |               | Boy                      | Evans   | OF<br>DEA           | - Augu                             |                                       |                 | 19 57            |
|                      | 5. 5       | SEX  | 6. COLOR OR RACE  | 7. MARRII     | ED NEVER MARRIED         | 8. DATE OF BIRTH                              |                     | 9. AGE (In years<br>lost birthday) | Months Days                           |                 |                  |
|                      |            | M  | W   | WIDOWE        |                          | 8/10/57                                       |                     | yrs                                | Morris Days                           | Hgurs<br>3      | Ž <sup>Min</sup> |
|                      | 10a        | <ul> <li>USUAL OCCUPATI<br/>during most of wo</li> </ul> | ION (Give kind of work or<br>rking life, even if retired) | dona 10b. K   | IND OF BUSINESS OR INDU  | TRY 11. SIRTHPLACE                            | E (State or foreig  | n country)                         | 12 CITIZEN                            | OF WHAT         | COUNTRY          |
|                      |            | 10   | nl  |               | none                     | Mary  | land                |                                    | Unit                                  | ed St           | tates            |
|                      | 13.        | FATHER'S NAME  |   |               |                          | 14. MOTHER'S MA                               | AIDEN NAME          |                                    |                                       |                 |                  |
|                      |            | Martin   |   |               |                          | Hest  | er Live:            | say                                |                                       |                 |                  |
|                      | 15.<br>(Ye | WAS DECEASED EV  | ER IN U. S. ARMED FOR                                     |               | OCIAL SECURITY NO. 17. I | NFORMANT                                      |                     | Add                                | ress                                  |                 |                  |
| )                    |            | No   |   |               | none                     | Hospita                                       | 1 Recor             | dsS                                | andy Spr                              | ing.            | Md.              |
|                      |            | 18. CAUSE OF DE  | ATH [Enter only one co                                    | use per line  | for (a), (b), and (c).]  | - /   |                     |                                    | LIN                                   | TERVAL BE       | TWEFN            |
|                      |            | PART I. DE   | ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)                 | 1             | Entercoan                | ual he  | mor                 | hase                               | ON                                    | SET AND         |                  |
|                      |            | 760.0  | DUE TO  | -             |                          |   |                     |                                    |                                       |                 |                  |
|                      |            | Conditions, if   | ony, which )  |               |                          |   |                     |                                    |                                       |                 |                  |
|                      |            | gave rise to<br>couse (a), stating                       |   |               |                          | -   |                     |                                    |                                       |                 |                  |
|                      |            | lying cause last.  |   | ]             |                          |   |                     |                                    |                                       |                 |                  |
|                      | ATION      | PART II. OT  | THER SIGNIFICANT CON                                      | DITIONS CO    | ONTRIBUTING TO DEATH BUT | NOT RELATED TO TH                             | E TERMINAL DISE     | ASE CONDITION GI                   | /EN IN PART 1(o)                      | 19 WAS /        | AUTOPSY<br>RMED? |
| 0                    | 3          |  |   |               |                          |   |                     |                                    |                                       |                 | NO E             |
|                      | CERTIFI    | 20a. ACCIDENT W  | AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)  | 20b. DESCI    | RISE HOW INJURY OCCURRE  | ). (Enter nature of in                        | jury in Part I or I | Part II of item 18.)               |                                       |                 |                  |
|                      |            | (IF EITHER, NOTIF  | Y MEDICAL EXAMINER)                                       |               |                          |   |                     |                                    |                                       |                 |                  |
|                      | WEDICAL    | 20c. TIME OF INJU  |   |               | Z                        | ACE OF INJURY (Hondory, street, office blooms |                     | City or town)                      | (County                               | 1               | (Stote)          |
|                      | MEZ        | p. m.  | 19  | While of wark | Not while at work        | mary; arrives pri                             | ogri ordini         |                                    |                                       |                 |                  |
|                      |            | 21. I cartify t  | hat I attended the  | decease       | d from Bris 1            | 0 1957  | o the               | 110 195                            | Lithat I last s                       | aw the          | decease          |
|                      |            | alive an   | Mrs. 10   | . 19 5        |                          | accurred at 3                                 | 36 PM fo            | am the causes                      | and on the de                         | ate state       | od above         |
|                      |            |  | 11  | -             |                          |   | ADORESS             | (Street, city or town,             | stote)                                | DA<br>PIG 21G16 | ATE SIGNED       |
| ,                    |            | ACTUAL   | Inades 5  | >, W          | Tut ale                  | in Ci   | ARK.                | SVILLE                             | MD.                                   | 5/              | 1015             |
| I                    |            |  |   |               | •                        | M.D   |                     |                                    | · · · · · · · · · · · · · · · · · · · |                 |                  |
|                      |            | PHYSICIAN'S<br>NAME (Type)                               | Dr. C. S.   | Whita         | ker                      |   |                     |                                    |                                       |                 |                  |
|                      | 220        | BURIAL, CREMATIO   | ON, 226. DATE THEREO                                      | F             | 22c. NAME OF CEMETERY O  | R CREMATORY                                   | 22d. LO             | CATION/City, town,                 | or county)                            | (State          | el /             |
|                      | 1          | REMOVAL (Specify   | 8-12-3  | 57            | steak                    |   | Ba                  | itherstre                          | 9 1212                                | 70              | uf.              |
|                      | 23.        | FUNERAL DIRECTO  | R'S SIGNATURE   | 15/2          | ADDRESS                  | 700 / 24                                      | a, REC'D BY REG     | ISTRAR 246. REGI                   | STRAR'S SIGNATU                       | JRE             | 2                |
| Ú.                   | 1          | julate   | 21 4/11/21  | 7-6           | Sylleville               | 1/21/11                                       | ATE 8-11-           | 57 6                               | 1. 7. 1.                              | 1.50            |                  |
|                      |            |  | 101,1-  |               |                          |   |                     |                                    | annuar.                               | 1143            | 3                |
|                      | 1          | - 1  | 1 1 1   |               |                          |   |                     |                                    |                                       |                 |                  |

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



| DEATH OF DEATH  I. PLACE OF DEATH  O. COUNTY  MARYLAND  D. PLACE OF DEATH  O. COUNTY  MARYLAND  D. SUSHAR RESIDENCE (Where decorated lived, it institution, Repidence before admission)  D. COUNTY  MARYLAND  D. SEED ADDRESS  D. M. COUNTY  MARYLAND  D. M. COUNTY   |          | MARYLAND STAT  | IE DEPARTMENT OF HEALTH-                              | -BALTIMORE, 18 08648   |
|--|----------|--|---|--|
| De CITY OF TOWN [1/ Seminise expression limits, write   C. LENGTH OF STATU IN 16   C. CITY OF TOWN [1/ contribute, write BURAL and girly necessal term]    De CITY OF TOWN [1/ Seminise expression limits, write   C. LENGTH OF STATU IN 16   C. CITY OF TOWN [1/ contribute, write BURAL and girly necessal term]   De CITY OF TOWN [1/ Seminise expression limits, write BURAL and girly necessal term]   O NAME OF COURTS   DE COURTS   |          | 08608  | CERTIFICATE OF DEATH                                  | 7 7  |
| A MANGE OF HOSPITAL IF not in populois give treet address)    A STEET ADDRESS   A ST | 1.       | a. COUNTY fortagreery  | II O A AIR  | deceased lived. If institution, Residence before admission) b. COUNTY MENTOWNER  |
| d NAME OF MOSPITAL (If not Inchepibal, Give Itreet oddress)  d STEEL ADDRESS    A STEEL ADDRESS   NAME   NOT   NAME   NOT   NAME   NOT   NAME   NAME  |          | b CITY OR TOWN (Vourside carparate limits, write c. LENG   |   | de corporate limits, write RURAL and giv nearest town)   |
| D. NAME OF DEATH    S. SEZ   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   19 DATE OF BIRTY   19 DO DEATH   S. SEZ   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED   19 DATE OF BIRTY    | 75 /     | d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  | days jakonia  | OF SESIDEN  OF SES |
| 5. SEX   C. COLOR OR RACE   MARRIED   NEVER MARRIED   DATE OF BIRTY   P. ACE (Infloor)   Months   Doys   Hours   Widowell   Divorced   Divorced | 3.       | NAME OF PIEST  | 1 1 1 1   | DATE Month + Doy Year  |
| 13. MAS DECEASED FYCE IN U. S. ADMED FORCESS   14. SOCIAL SECURITY NO.   17. INEOGRAMAT   18. CAUSE OF DEATH   17. INFORMANT   | 5.       |  | NEVER MARRIED B DATE OF BIRTH                         | [03] birp(day)   Months Days Hours   N   |
| 13. FATHERS NAME  14. MOTHERS MANDEN NAME  15. WAS DECEASED FYEE IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INSORMANT  18. CAUSE OF DEATH  18. CAUSE OF DEAT | - /   .  | during most at working ife, even if retired)   |   | oreign country) 12. CITIZEN OF WHAT COL  |
| The transport of the part of   |          |  | 14. MOTHER'S MAJOEN NAM                               | Rue  |
| PART I. DEATH WAS CAUSED BY.  DUE TO  Conditions, if any, which gave rise to immediate course (c). State of the course (d), stating the under lying cause last.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUT PERFORM YES   N  200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.)  200. THE OF INJURY Manili, Day, Year 200. INJURY OCCURRED that in part in or Item 18.)  201. I certify that I altended the deceased from the course of injury street, office bidg., etc.)  202. The of Injury Hamilian II altended the deceased from the course of injury street, office bidg., etc.)  203. FUNE OF INJURY Manilian II altended the deceased from the course of an individual street of the course of t | 15<br>(Y | 81, NO. Driftphindwo) // if the same merior dates of service)  |   | nge I Fichter-TK. DV   |
| DUE TO  Canditions, if any, which gave rise to immediate cause (o), indiging the under lying cause isal.  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO BEFORM YES NOT CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO BEFORM YES NOT CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO BEFORM YES NOT CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO BEFORM YES NOT CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO BEFORM YES NOT COUNTY OF CONTRIBUTING DEATH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADULT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS ADUL |          |  | (b), and (c).]  | INTERVAL BETWE ONSET AND DEA   |
| DUE TO    Joing cause lost immediate   DUE TO     Joing cause lost   Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19   PREFORM PERFORM PERF |          | 260 X IMMEDIATE CAUSE (a) DUE TO   | afetic coma   | 3.6  |
| 200. ACCIDENT WAS UNDERLYING DOWN TO COURSED. (Enter noture of injury in Port I or Port II of Item 18)  200. ACCIDENT WAS UNDERLYING DOWN TO COURSED. (Enter noture of injury in Port I or Port II of Item 18)  200. TIME OF INJURY Manih, Day, Year While Not work Down To work Down  |          | gave rise to immediate cause (a), stating the under-   | Culiti, lift of                                       | inearm unk   |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while of work of w | CATION   |  | UTING TO DEATH BUT NOT RELATED TO THE TERMINAL        | DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT<br>PERFORME<br>YES NO   |
| 21. I certify that I attended the deceased from Cinco 23, 1977, ta Cinco 32, 1977, that I last saw the deceased alive an Cinco 30, 19 17, and that death accurred at 5 4 M, from the causes and an the date stated address (Street, city or town, stoles)  ACTUAL SIGNATURE  PHYSICIAN'S MAME (Type)  PHYSICIAN'S NAME (Type)  220 BUR AL CREMAT ON, 22b DATE THEREOF, 22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  PROSPECT THE MAN CONTROL SHAPE STATE | CERTIF   | 200 ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HO OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | OW INJURY OCCURRED, (Enter nature of injury in Part   | Lar Part II of item 18 )   |
| alive an   | MEDICAL  | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY O Hour e. m. 19 While No of work 01 of work 01.   | while foctory, street, office bldg., etc.)            | 20f. (City ar town) (County) (   |
| ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  PLOS DATE THEREOF PROSPECT THE FM. UASHINGTON (C'ty, fown, or county)  PREMOVAL (Spectry)  PROPERS (Street, city or town, stole)  ADDRESS (Street, city or town, stole)  DATE  ACTUAL  SIGNATURE  M.D. 9/8 CLULY UC2 of Ty  Club County  County  Signature  1 220. IQCATION (C'ty, fown, or county)  Signature  220. IQCATION (C'ty, fown, or county)  Signature  221. IQCATION (C'ty, fown, or county)  Signature  222. IQCATION (C'ty, fown, or county)  Signature  ADDRESS  D. C. 240. REC'D BY REGISTRAR  244 JEE STRATE SIGNATURE  |          | 7  | Wanti String and a series of the series of the series | 32, 19, 7, that I last saw the dec   |
| PHYSICIAN'S NAME (Type) [ / N' C MA CT   Silver   M.D.  220 BUR AL. CREMAT ON.   222b DATE THEREOF, REMOVAL (Specify)   SIPT 3 / 57   RUSPECT THE COUNTY)   (Stote)    23. FUNETAL DIRECTOR'S SESSIFILITED ADDRESS D. C., 240. RECD BY REGISTRAR 248 PER STATE SHANATURE   |          | 03/1 -7  |   |  |
| PAME (Type)  220 BUR AL. CREMAT ON. 226 DATE THEREOF, STORY PROVAL (Specify)  220. LOCATION (C'ty. fown, or county)  221. LOCATION (C'ty. fown, or county)  222. NAME OF CEMETERY OR CREMATORY  223. LOCATION (C'ty. fown, or county)  224. LOCATION (C'ty. fown, or county)  225. NAME OF CEMETERY OR CREMATORY  226. REC'D BY REGISTRAR  246 STATE STANATURE   | 1        | SIGNATURE  | M.D. 4/8 CCC  | Livernity Blad Cent  |
| BURGET SAPT 30 137 PRUSPECT THE EM. WASHINGTON D.  23. FUNDAL DIRECTOR'S SECTIONAL ADDRESS D. C. 240. REC'D BY REGISTRAR 245 PER STANFE-SKINATURE  | 72       | NAME (Type)  | ALLE OF CENETERY OR FRANCOS                           | - pring  |
| ATTENNAL AND SULLE AND SUL | 1        | 2 REMOVAL (Specify) Sinta-3 /9577 D.   | SPECT HILL GEM. U                                     | UASHINGTON. D.   |
|  | 23       | AD ATTOMATAL STREET OF STR | - 211 - VIII (1)                                      | RECOISTRAR 245 FEB STRANG-SHONATURE  |

TERES " STATE "

BUPEAU V. E.

2Ep 5 1957

BECEINED

BUREAU V. S.

7261 68 **2UA** 

BECEINED

| 1   |      |               |   | MARY  | LAND          | STATE DEP              | ARTM             | ENT OF H                               | EALTH                       | I—BALT          | IMORE, 1                        | 8 (          | 186      | 50                      |
|---|------|---------------|---|---|---------------|------------------------|------------------|--|-----------------------------|-----------------|---------------------------------|--------------|----------|-------------------------|
|   | _    |               |   | 08  | 663           | CERT                   | IFICA            | TE OF                                  | DEATH                       | 1               |                                 | Reg. Dist.   | 4        | -17                     |
| Page 4  | M    | 1.            | LACE OF DEATH                               | 1   |               | MAR                    | YLAND            | 2. USUAL RESI                          |                             |                 | lived If institute<br>b. COUNTY |              |          | mission)                |
| erol d  | 0000 |               | . CITY OR TOWN (H                           | tgomery f outside corporate firm                    | its, write    | c. LENGTH OF STA       | Y IN 16          | c. CITY OR                             | Maryl<br>TOWN (If o         |                 | ote limits, write R             | Montg        |          |                         |
| fene fene                                       |      | L             | RURAL and give ne                           | pring -   |               | 12 hrs.                | .5min            | _ CI                                   | arksh                       | nro.            | 1                               |              |          |                         |
| offe<br>sho                                     | n d  | 1             |   | AL (If not in hospital,                             |               |                        |                  | d. STREET /                            |                             |                 | 1                               |              | 0        | RESIDENCE<br>N A FARM?  |
| i o   | š    | 3.            | Nontgomery                                  | County Ge   | neral         | Hospital<br>Midd       |                  | la                                     |                             | 4. DATE         | *                               | -d           |          | NO 🖸                    |
| Illed es 1                                      |      |               | Type or print)                              | Ba  |               | Girl                   |                  | Forema                                 |                             | OF<br>DEATH     | August                          |              | Doy      | Year<br>19 57           |
| ithin<br>ely fi<br>Pog                          |      | 5.            | EX  | 6. COLOR OR RACE                                    | 7. MARRI      | ED NEVER MARI          | RIED T           | DATE OF BIRT                           |                             | 5               | AGE (in years lost birthday)    | IF UNDER 11  | EAR IF U | NDER 24 HRS             |
| mplets.   |      | 10            | Female                                      | Colored   | WIDOWE        |                        |                  | 8/17/                                  | 57                          |                 | yrs                             |              | ays Ho   | 2 41                    |
| 2 8 E   | 1    | L             |   | ON (Give kind of work<br>ling life, even if relired | done 10b. t   | CIND OF BUSINESS       | OR INDUS         |  | Maryl                       | and             | intry)                          |              |          | States                  |
| te b  |      | 13.           | FATHER'S NAME                               | LeRoy Lyle  |               |                        |                  | 14. MOTHER'S                           |                             |                 |                                 |              |          |                         |
| physic<br>move<br>hours                         |      | 15.           |   | R IN U. S. ARMED FOI                                |               | OCIAL SECURITY N       | O. 17. IN        | FORMANT                                | epnin                       | e Eliz          | abeth Fo                        |              |          |                         |
| cert<br>ng pl                                   | ^    | (t/e          | , no. or unknown) (                         | (If yes, give wor or dotes of                       | service)      |                        |                  | spital                                 | Recor                       | d               |                                 |              |          |                         |
| leoth<br>endi<br>sleos<br>ithin                 |      |               |   | TH [Enter only one o                                | ouse per line | o for (o), (b), and (c |                  |  |                             |                 |                                 |              | INTERVA  | L BETWEEN               |
| the de other men property with w                |      |               | PART I. DEAT                                | TH WAS CAUSED BY:<br>IMMEDIATE CAUSE (              | ol A          | TELEC                  | TA!              | 515                                    |                             |                 |                                 |              | 14       | ND DEATH                |
| hat I   |      |               | 1600.0                                      | DUE TO  | ì             | PREMI                  | n1               | フィナン                                   | ,                           |                 |                                 |              | - 65     |                         |
| ires 1<br>ermit                                 |      |               | Canditions, if an                           | nmediote (  |               | 11 - 19                | 9)0              | 15111                                  |                             |                 |                                 |              |          |                         |
| requence sign                                   |      |               | couse (o), stating t<br>lying couse last    | the <u>under-</u>                                   | c)            |                        |                  |  |                             |                 |                                 |              |          |                         |
| he low<br>physici<br>has beer<br>riol-tron      | 7.1  | CERTIFICATION |   | IER SIGNIFICANT COM                                 |               | ONTRIBUTING TO D       | EATH BUT I       | NOT RELATED TO                         | THE TERMI                   | NAL DISEASE     | CONDITION GIV                   | EN IN PART I | PE       | AS AUTOPSY<br>REFORMED? |
| tending ficate the bu                           |      |               | (IF EITHER, NOTIFT                          | S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)      | 20b. DESC     | RIBE HOW INJURY        | OCCURRED         | , (Enter nature o                      | of injury in f              | ort I or Part I | II of item 18.)                 |              |          |                         |
| PHYSIC<br>ol or ol<br>this cert<br>r use os     |      | MEDICAL       | 20c, TIME OF INJURY<br>Hour a. jr.<br>p. m. | Y Month, Day, Ye                                    |               | Not while at work      | 20e. PLA<br>foci | CE OF INJURY (<br>lary, street, affici | Hame, farm<br>e bldg., etc. | 20f. (City o    | or town]                        | (Cou         | inty)    | (Slote)                 |
| ospit<br>frer<br>frer<br>of fo                  |      |               | 21. I cortify the                           | at I attended the                                   | decease       |                        | 8/1:             | 2 . 19 1                               | 7. ja                       |                 | , 19                            | .,that I las | st saw t | he deceased             |
| TEND<br>the h<br>DR: A<br>Toche<br>burie        |      |               | alive an                                    | <u> </u>  | او ب          | $_{-}$ , and tha       | t death          | accurred at                            |                             |                 | the causes a                    |              | date s   |                         |
| OR AT<br>led by<br>MRECTO<br>I be de<br>vior to | 1    |               | ACTUAL SIGNATURE                            | Dru   | rho           | 21                     | N                | o. Dama                                |                             |                 | et, city or town,               | state)       | 8        | DATE SIGNED<br>18/57.   |
| ror F   |      |               | PHYSICIAN'S<br>NAME (Type) T                | on G. E. I  | Meador        | <b>.</b>               | 10               | I.DDam                                 | 00000                       | Mass            | land                            |              | c        | 120/20                  |
| NER DE 3  |      | 220           | BURIAL, CREMATION                           | <del></del>   |               | 22c. NAME OF CEA       |                  |  |                             |                 | ON (City, town, o               | r county)    |          | Stote)                  |
| moy D FUN                                       |      |               | REMOVAL (SPECIA)                            | - Lander - Control                                  | ,1957         |                        | sant             | Grove                                  |                             |                 | dum. Ma                         |              | ,        |                         |
| VS A15 (4)                                      |      | 23.           | FUNETICE DIRECTOR'S                         |   | mort          | LADDRESS<br>Damas      | cus.             | Md_                                    |                             | BY REGISTR      | AR 24b REGIS                    | TRAR'S SIGN  | ATURE    | ,                       |
| 15M 9/55  |      | L             | M1001                                       | 1 1 1 1 ( )   |               |                        | ,                |  | DATES -                     | 19-5            | 7 Ken                           | mde          | BH       | zwin                    |
|   |      |               | 1324  | 4 X V O   |               |                        |                  |  |                             |                 |                                 |              |          |                         |



146 88 1957



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| ATE OF DEATH   | 4                      |                                    | (18651<br>Reg. Dist. No. 223 |            |          |                   |  |  |  |
|--|------------------------|------------------------------------|------------------------------|------------|----------|-------------------|--|--|--|
| 2. USUAL RESIDENCE (Who a. STATE Mary                        | land                   | lived. If institution b. COUNTY    | Mon                          | 1          | ne odmlu | •                 |  |  |  |
| c. CITY OR TOWN (H .   | Spiring                |                                    | RAL and s                    |            |          |                   |  |  |  |
| d. STREET ADDRESS  | total b                | 1                                  |                              |            |          | PARM?             |  |  |  |
| , Friberg  | 4. DATE<br>OF<br>DEATH | Month<br>Aya                       |                              | Do         | ,        | Yeor<br>195 7     |  |  |  |
| 8 DATE OF BIRTH 50pt. 26 -188                                |                        | 9. AGE (In years of lost birthdoy) |                              |            |          |                   |  |  |  |
| JSTRY 11. BIRTHPLACE (Stole Swede                            | or fareign co          | untry)                             |                              | IZEN O     | 4        | COUNTRY?          |  |  |  |
| 14. MOTHER'S MAIDEN N  | IAME                   |                                    | 1                            | 4 : 21     | ST.      | *                 |  |  |  |
| HOSPITAL Rec   | ords                   | Unknown<br>Addre                   | 255                          |            | LW7      | BUS               |  |  |  |
| e in retrog  | eritor                 | eal tis                            | and                          | 127<br>023 | RVAL BE  | DEATH             |  |  |  |
| arterios clero   | ic and                 | Lungan                             | of                           | 3          | 2 14     | bel               |  |  |  |
| abdon  | inal                   | norta                              | U                            | L          | 24       | 200               |  |  |  |
| T NOT RELATED TO THE TERM                                    | EM OTSEASE             | CONDITION GIVE                     | N IN PART                    | 1(0)       | PERFC    | AUTOPSY<br>DRMED? |  |  |  |
| ED (Enler noture of injury in f                              | Port I or Part         | (I of item 18)                     |                              |            |          |                   |  |  |  |
| LACE OF INJURY (Home, form actory, street, office bldg, etc. | 20f (City              | or town)                           | {<                           | ounly)     |          | (Stote)           |  |  |  |
| 195 / 10 X   | 7 Meleam               | the causes ar                      |                              |            |          | deceased          |  |  |  |
|  | ADDRESS 151            | work city or town,                 |                              |            |          | ATE SIGNED        |  |  |  |
| ighlin 8   | n.D.                   |                                    |                              |            |          | .5                |  |  |  |
| OR CREMATORY   | 22d. LOCAT             | ION (City, town, or                | COUNTY                       | <b>ΤΥ</b>  | M D      | le)               |  |  |  |

VS A15 (4) 15M 9/55

BUREAU V. S.

AUG 29 1557

BECEINED

| 0.1.   |     | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|--|-----|--|
| 1/   | 1   | . 08664 CERTIFICATE OF DEATH Reg. Dist. No. 218  |
| director, iled with                                    |     | 1. PLACE OF DEATH CONTIGORIEM MARYLAND  2. USUAL RESIDENCE (Where deceased fived. (f institution. Replace before admission) o. STATE GANGLOW  b. COUNTY MARYLAND   |
| r death.<br>funeral<br>uld be f                        |     | b. CITY OR TOWN (If autside gyporale limits, write RURAL and give nearest tawn)  RURAL and give nearest tawn)  Garthiersburg  C. LENGTH OF STAY IN 1b  Garthiersburg  X  |
| urs offer<br>sho                                       | 00  | d NAME OF HOSPITAL (If not in hospital (five street address) OR INSTITUTION  8. IS RESIDENCE ON A FARM? YES NO P   |
| filled in  |     | 3 NAME OF DECEASED (Type or print) Gertrude Elizabeth Fulks OF DEATH Aug - 16 - 1937   |
| pletely<br>presely                                     | 7   | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yor's last birthdby) Months Doys Hours Min  |
| and campled on papers.                                 | 1   | 100. USJAL OCCUPATION (Give kind of work done 10b. KIND OF PUSINESS OR INDUSTRY 11. BIRTHPLACE (State or forging country)  diving most of working life, even it retired!  ASSURE ALLEGING OF WHAT COUNTRY?  Gaithersburg 914   |
| cale be<br>sician a<br>ve carb<br>urs after            |     | 13. FATHER'S MAIDEN MESSEY Walker Smanda Catherine Thompson  |
| h certifu<br>ling phy<br>se remo                       | 2   | 15. MAS DECEASED EVER IN U. S. ARMED PORCES? 16. SOCIAL SECURITY NO 17. INFORMANT FINAL Figure 31 Holling and 1816 Address 31 Holling and 1816 |
| he deat<br>e attend<br>en plea<br>nt within            |     | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  |
| s mar r<br>f by the<br>nit. Th                         |     | Conditions, if any, which ) (b)  |
| require<br>on<br>n signer<br>sit per                   |     | gave rise to immediate cause (a), stating the under- lying cause last.  (c)  |
| physici<br>physici<br>nas beer<br>rial-tran            | ± X | PAY II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES   NO   |
| tending<br>ificate l<br>the bur                        |     | 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
| Phisson<br>this cert<br>r use as                       |     | 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur o. m. While at work at work at work 19 at work  |
| NOTING<br>e hospile<br>: After<br>ched fo<br>urial, cr |     | 21. I certify that I attended the deceased fram 123, 1955, to 144-15, 1967, that I last saw the deceased alive an 144-195, 1957, and that death occurred at 1957, M, fram the causes and an the date stated above.   |
| R ALIE<br>of by th<br>RECTOR<br>be deto<br>ior to b    | ,   | ACTUAL SETTLEMEN & Meller M.D. 7-B. NOTRE ANTI-  |
| retaine<br>Strar pr                                    | /   | PHYSICIAN'S WILLIAM C. MiLLER gaithessburg, My.  |
| may be FUNE page 3 he regi                             |     | 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tod., or county) (State)  Burial 8/19/57 Forest Oak Cemetery Gaithersburg, Maryland  |
| VS A1S (4)   | 74  | 23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE  Robert A. Pumphrey Bethesda, Maryland Parc 1   |
|  | 1   | 704 19 195   |

2 .V UA

7261 61 9UA

GECENAED

HEALTH DEPT. director. Page or your files. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is execute processed, writing the world "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the function to showld convaried to the Cilief Medical Examiner's Office along with farm PM3. Page 5 may be retained to FuneRAL DIRECTOR: Page 3 shauld be used as a buriol-transit Mermit. If the pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or remardol, and in any eyent-within 78 among after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

8 08654 Reg. Dist. No. 216

| - 1        | PLACE OF DEATH O COUNTY  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|
|            | Montgomery   | LAND STATE Penna b. COUNTY   |  |  |  |  |  |  |  |  |
|            | b. CITY OR TOWN III outside corporate limits, write RURAL c LENGTH OF STAY and give nearest town)  | N 1b c. CITY OR TOWN (If outs de carporate limits, write RURAL and give nearest town)  |  |  |  |  |  |  |  |  |
|            | Bethesda 1 week  | Lancaster  |  |  |  |  |  |  |  |  |
| 3          | d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address   | d. STREET ADDRESS  |  |  |  |  |  |  |  |  |
| ) =        | 6751_Fairfax_RoadApt. #2   | 329 East Clay Street   |  |  |  |  |  |  |  |  |
| 3          | 3. NAME OF First Modele DECEASED (Type or print) JACOB ALLIEN  | Lost 4. DATE Month Doy Year  |  |  |  |  |  |  |  |  |
| -          |  | GEIST DEATH August 23, 1957  |  |  |  |  |  |  |  |  |
| 1          | Mole White   | (oit prindoy) Months   Dove   Moure   M's  |  |  |  |  |  |  |  |  |
|            |  | J bully 22, 1900   5   10  |  |  |  |  |  |  |  |  |
| 1          | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)   | NF Y7  |  |  |  |  |  |  |  |  |
| /  -       |  | pany New Holland, Penna. U.S.  |  |  |  |  |  |  |  |  |
| VI.        | Jacob G. Geist   | 14. MOTHER'S MAIDEN NAME   |  |  |  |  |  |  |  |  |
| / -        |  | Elizabeth Fry  |  |  |  |  |  |  |  |  |
|            | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. (19) and of unknown) [1] (1) yes give wor or dotes of service)   | 17. INFORMANT Wife Address 329 E. Clay St.   |  |  |  |  |  |  |  |  |
| ' <u>[</u> | No 3   | Laura Geist Lancaster, Penna.  |  |  |  |  |  |  |  |  |
|            | 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]  | INTERVAL BETWEEN CHIST AND DEATH   |  |  |  |  |  |  |  |  |
|            | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPON   | ary Occlusion Sudden   |  |  |  |  |  |  |  |  |
|            | 420./ DUE TO   |  |  |  |  |  |  |  |  |  |
|            | Conditions, if ony, which } (b)  |  |  |  |  |  |  |  |  |  |
|            | gave rise to immediate cause OUE TO  |  |  |  |  |  |  |  |  |  |
|            | couse last.  |  |  |  |  |  |  |  |  |  |
| 1          | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT   | BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY   |  |  |  |  |  |  |  |  |
| )]:        | PART IF, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT  200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCUP PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  | PERFORMED?   |  |  |  |  |  |  |  |  |
|            | 200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCUI  | RED (Enter nature of injury in Port I or Port II of item 18.)  |  |  |  |  |  |  |  |  |
|            | CAUSE OF DEATH.  |  |  |  |  |  |  |  |  |  |
|            | 20c T ME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2   | PLACE OF INJURY (Home, form, 120f. (City or town) (County) (State)   |  |  |  |  |  |  |  |  |
|            | 20c T ME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 2 Hour a.m. 19 St work at work at work  | factory, street, office bldg., etc.)   |  |  |  |  |  |  |  |  |
|            | 21. I certify that I took charge of the remains described  | above, held on Autopsy . Inspection xx. Inquiry xx and in my   |  |  |  |  |  |  |  |  |
|            | opinion death resulted fram. Natural causes X, Accid   |  |  |  |  |  |  |  |  |  |
|            | The state of the s | on   |  |  |  |  |  |  |  |  |
|            | SIGNATURE Trent & Brosthast  | OATE SIGNED  |  |  |  |  |  |  |  |  |
|            | SIGNATURE 1/2000 for 1 2000 thank  | ASSISTANT MEDICAL EXAMINER [] Aug. 24, 1957  |  |  |  |  |  |  |  |  |
|            | EXAMINER'S NAME (Type) FRANK J. BROSCHART  | DEFUTY MEDICAL EXAMINER 😡  |  |  |  |  |  |  |  |  |
|            | 220. BUR AL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMET   | The second secon |  |  |  |  |  |  |  |  |
| -          | REMOVAL (Sperify)  | (31014)  |  |  |  |  |  |  |  |  |
|            |  | 1 Crometons Prince Coorse  |  |  |  |  |  |  |  |  |
|            | Dremation 8-24-57 Dedar Ht ]   | 1 Crematory Prince George Co. Md.  |  |  |  |  |  |  |  |  |

VS A15ME

MEGELVEN Aug 28 1957

|        |      |             |   | MA  | RYLA               | ND STA                        | TE DEPARTA                    | AENT O                            | HEALT  | H-BAL1               | IMORE                       | , 18            | nce          | 356                                  |
|--------|------|-------------|---|---|--------------------|-------------------------------|-------------------------------|-----------------------------------|--|----------------------|-----------------------------|-----------------|--------------|--------------------------------------|
| 10     |      |             |   | 08  | 3666               |                               | CERTIFIC                      | ATE O                             | DEAT   | Н                    |                             | Reg. Di         |              | 556/7                                |
| 1 31   |      | 1. P        | ACE OF DEATH<br>COUNTY<br>Montgome  | omr.  |                    |                               | MARYLAND                      | a. STAT                           | RESIDENCE (WE PROPERTY IN A PR | here deceased        | b. COU                      |                 |              | odmission)                           |
| 10     |      | b           | CITY OR TOWN (  | If outside corpora                          | ote limits, w      | rite c. LEN                   | GTH OF STAY IN 16             |                                   | OR TOWN (IF  | outside corpor       |                             |                 | <del></del>  | l lown)                              |
| 10     | "/[  |             | Olney   |   |                    | 23                            | hr. 17 min                    | L. L                              | aurel  |                      |                             |                 |              |                                      |
| ~      | (4)  | d           | OR INSTITUTION  |   |                    |                               |                               | 1 / _                             | t. #2  |                      |                             |                 |              | S RESIDENCE<br>ON A FARM?<br>ES NO 📆 |
|        | ſ    | 3. N        | AME OF<br>ECEASED   |   | First              |                               | Middle                        |                                   | Lost   | 4. DATE              |                             | Month           | Day          | Year                                 |
|        |      |             | ype or print)   |   | Ba                 |                               | Girl                          | G:                                | ibson  | DEATH                |                             | lugnst          | 6            | 19 57                                |
|        | - }  | <b>5.</b> S | ×   | 6. COLOR OR                                 | RACE 7.            | MARRIED 🗌                     | NEVER MARRIED                 | 8. DATE OF                        | BIRTH  |                      | 9. AGE (In you last birthdo |                 |              | Ours Min.                            |
|        |      |             | emale   | White                                       |                    | OWED .                        | DIVORCED                      |                                   | st 6, 1  |                      |                             | yrs.            |              | 23   17                              |
| _      | 7    | 10a.        | USUAL OCCUPATE<br>during most of wor  | ON (Give kind of<br>king life, even if      | work done retired) | 106. KIND C                   | OF BUSINESS OR INC            | USTRY   11. BIR                   | THPLACE (Stole   | or foreign co        | iuntry)                     |                 |              | VHAT COUNTRY?                        |
| A.     |      |             | -   |   |                    |                               |                               |                                   | <u>(arylan</u>   |                      |                             | U               | <u>nited</u> | States                               |
| 24°16° | 4    | 13. 1       | ATHER'S NAME  | _   |                    |                               |                               | 14. MOII                          |  |                      |                             |                 |              |                                      |
|        | ŀ    | 16 1        | Ralp.  VAS DECEASED EVE   | h Eugene                                    | Gibs               | on                            | SECURITY NO. 17               | INFORMANT                         | Marga  | ret Am               |                             | Address         |              |                                      |
|        | ginu |             | no. or unknown)   |   | toles of service)  | 116. SUCIAL                   | . SECURITY NO. 17.            | INFORMATI                         | 1 1 100  | 0.11                 |                             |                 | -            | . 3 . 14 . 3                         |
|        | ***  | -           | NOT   | and for a                                   |                    | 1 1 1                         |                               | <u>Re</u>                         | Lpn Eug  | ene Gil              | oson                        | Rt. #2          |              |                                      |
|        |      |             |   | IMMEDIATE CA                                | D SY:              | O.O                           | harle                         | C. G. F.                          | 18   | the                  | whi                         | 2               | ONSET        | ADD DEATH                            |
|        |      |             | Conditions, if a<br>gave rise to i<br>couse (a), stating<br>lying couse lost. | mmediate (                                  | (b)                | P                             | remon                         | ity                               | (3   | 3 2                  | 2                           |                 |              | - Cray                               |
|        | 2.   | CATION      |   |   |                    |                               | BUTING TO DEATH B             |                                   |  |                      |                             |                 |              | WAS AUTOPSY<br>CPFORMED?<br>ES NO    |
|        |      |             | 200. ACCIDENT W.<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY                     | AS UNDERLYING<br>CAUSE OF E<br>MEDICAL EXAM | DEATH<br>INER)     | DESCRIBE H                    | IOW INJURY OCCUR              | RED. (Enter not                   | ure of injury in   | Port I or Part       | ill of flem 18.             | )               |              |                                      |
|        |      | MEDICAL     | Oc. TIME OF INJUI<br>Hour a. js.<br>p. m.                                     | RY Month, Da                                | v                  | Od. INJURY ( Vhile N I work O | OCCURRED 20e. lot while twork | PLACE OF INJU<br>factory, street, | JRY (Home, far<br>office bldg., et   | m, 20f. (City<br>c.) | or town)                    | (               | [County]     | (State)                              |
|        |      |             | 21. I certify ti<br>alive on  | nat I attende                               | d the dec          | ceased fro                    | om                            |                                   | , to   | Dung<br>P.M. fran    | the cause                   |                 |              | the deceased stated above.           |
|        |      |             | ACTUAL  | 300   | X                  | i                             |                               |                                   | ₹.   |                      | rest, city or to            |                 |              | DATE SIGNED                          |
|        |      |             | SIGNATUREPHYSICIAN'S  |   | 7                  |                               |                               | _M.D                              |  | Line                 | de                          |                 | <u>~</u>     | -21-121                              |
|        |      | 220         | NAME (Type)   | ON. 226. DATE 1                             | MEREOF             | 220                           | MAME OF CEMEJERY              | OF CREMATO                        | DV 4   | 22d IOCA1            | ION (Cir. to                | wn, or country. |              | (State)                              |
| 1      | ş    | 7           | REMOVAL (Specify  | 18/   | 8/5                | 7/-                           | netken                        | cala                              | remai  | Korry                | Call                        | EG/STRAR'S SI   | COLATURE     | an Mr                                |
| in     |      | 13.         | LE MILETO   | LAins                                       | rald               | laga.                         | Laure                         | 1. M                              | DATE T   | O BY PEGIST          | 057/                        | Holow           | AXXX         | anting                               |
|        |      |             |   | 72 30                                       |                    |                               |                               |                                   |  |                      | 961                         |                 |              | /-                                   |

BACT OF

2007



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08667 Rea, Dist. No. 0 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decremed lived. If Institution: Residence before admission) e. COUNTY b. COUNTY Montgomery

b. CITY OR TOWN (If outside surporate limits, write RURAL MARYLAND Montgomerv E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and nive nearest town? Chevy Chase, Maryland Marvland Chewy Chase. d. NAME OF HÖSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 4114 Rosemary Street 4114 Rosemary YES | NO ] Street 3. NAME OF First Middle DATE Year DECEASED OF (Type or print) DEATH Margaret Gibson August 19 57 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. lost birthday WIDOWED [7] DIVORCED | White Yrs. Female 10a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Home New York US (hum 13. FATHER'S NAME moy 14. MOTHER'S MAIDEN NAME kn Magnus Halvansen Martha Klinkenberg 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17: INFORMANT Chevy Chase. Mx Dr. Gilbert Rude-7700 Glendale Rd No 18. CAUSE OF DEATH [Enter only one cause per fine for (a), (b), and (c).] INTERVAL BETWEEN 5 Years PART I. DEATH WAS CAUSED BY: Cirrhosis of Liver IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(to) 19, WAS AUTOPS Y PERFORMED? KI ON 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) cs. m. While Not while of work of work p. m. 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection ver Inquiry x x, and find that death resulted fram: Natural causes 🕮 Accident 🧻, Suicide 🧻, Homicide 🦳, Undetermined cause 5 **ACTUAL** DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATUR ASSISTANT MEDICAL EXAMINER DEPUTY FYAMINED'S Broschilly MEDICAL EXAMINER 7700x6kensinke NAME (Type) Frank August 24, 1957 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ò REMOVAL (Specify) 0 Crematory Cremation Cedar ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATED Robert Pumnhrey Rethesda 5M 9/55

BUREAU P

PECEIVES 88 PA

VS A15ME 5M 2 57

| MARYLA  | ND STATE DEPARTMI   | ENT OF HEALTI  | H-BALTIMORE,   | 18 ACE           | 58   |
|---|---|--|--|------------------|--|
| 08668 MED   | ICAL EXAMINER!  | S CERTIFICAT   | E OF DEATH   | Reg. Dist. No    | 219  |
| PLACE OF DEATH o. COUNTY  Montgomery  | MARYLAND  | o STATE TATY   | Where deceased lived. If institution of the country |                  |  |
| b. CITY OR TOWN III outside corporate mils, write To<br>and give negret town! Silver Spring   | c. LENGTH OF STAY IN 16                                       | Silver S   | outside corporete limits, write  | RURAL and give n | earest fown)                               |
| a name of hospital or institution (it a<br>213 Whitmoor Terra   | of in haspital, give street address).                         | d STREET ADDRESS   | 3 Whitmoor Ter   | rrace            | ON A FART                                  |
| NAME OF DECEASED (Type or print) Marguerite   |   | Lbert  | 4. DATE OF Aug Mont  | 7, 1957 Day      | Yeor<br>19                                 |
| female 6 COLOR OR RACE 7.   | MARRIED NEVER MARRIED 8                                       | 3/22/1898  | 9 AGE (in years<br>lan Gylhday)<br>yes   | Months Days      | IF UNDER 24 HR<br>Hours Min                |
| 0a USUAL OCCUPATION (Give kind of work don<br>during most of working the, even if refired)<br>HOUSEWIIE   | e 106, KIND OF BUSINESS OR INDUST                             | Ken.   | or foreign country)  | 12 CITIZEN OF    | F WHAT COUNT                               |
| 3. FATHER'S NAME  |   | 14 MOTHER'S MAIDEN N   |  | -3               |  |
| Patrick Hampson 15. WAS DECEASED EVER IN U. S. ARMED FORCE  | CO In continue continue in Int                                | The state of the s | ot Available"  |                  |  |
| Yez, no, or unknown) (If yes, give wer or doles of serv   |   | nformant<br>ry F. Gilbert  | t (daughter)   | # 2              |  |
| PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions. if any, which gave rise to immediate cause (a), stating the underlying couse lost. (c) | Coronary Occlusi  |  | ATTENDED AND THE ATTENDED.   |                  |  |
| PART II, OTHER SIGNIFICANT CONDIT   | DESCRIBE HOW INJURY OCCURRED (E                               |  |  |                  | P. WAS AUTOPSY<br>PERFORMED?<br>YES NO [2] |
| 70c TIME OF INJURY Month, Doy, Year Hour e. m., p. m. 19  | 20d. INJURY OCCURRED 20e PLA While Not while of work all work | CE OF INJURY (Home, form ary, street, office bldg., etc.)  | 20f. (City or lown)  | (County)         | (Stote)                                    |
| 21. I certify that I took charge a apinion death resulted from: No actual signature Frank J. Br   | Broschart   | , Suicide, F   | domicide, Undete   |                  |  |
| NAME (Type)  POLITIC OF THE THE TOP THE   | Ming to Kalis.  ADDRESS  Value 14 711                         | not Cemiling   | 22d EQCATION (City, town, City town,   |                  | (State)                                    |

## BUKEAU V. S.

NICE 8 102.

Rog. Dist \$659 773 **CERTIFICATE OF DEATH** 08610 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND entromery cotaomera b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) akoma d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS + HOS DITA 4. DATE NAME OF First Middle Month Day DECEASED OF DEATH (Type or print) 5. SEX 6 COLOR OR RACE IF UNDER I YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED P. AGE IIn years last birthday) Months WIDOWED | DIVORCED [ YES. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Yew Humpshire 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hardi 15. WAS DECEASED EVER INVU. S. ARMED FORCES? 16-SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH otter PART I DEATH WAS CAUSED BY ... aleri ģ Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port f or Port 11 of Item 18) 20e. PLACE OF INJURY (Home, form, 20f (City or fown) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURREDA (County) factory, street, affice bldg., etc.) Hour p. m While Not while at work at work reguest 17 1957, that I last saw the deceased 21. I certify that Nattended the deceased from 10-57AM. from the causes and on the date stated above. alive an and that death occurred at RECTO ADDRESS (Street, city or town, stole) ACTOM SIGNATURE PHYSICHAN'S NAME (Type may be DATE THEREOF 220. BURIAL, CREMATION. 22c. NAME OF REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24h, REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Haurs

YES | NO K

Yeor

WAS AUTOPSY PERFORMED? YES T-NO

(Stote)

DATE SIGNED

(State)

195

Min

BUREAU V. S.

AUG 22 1957

BECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0866008669 CERTIFICATE OF DEATH Reg. Dist. No. 2/6 filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b\_GOUNTY** MARYLAND mm 0. V 4 death. funerof b. CITY OR TOWN (If outside corporate limits, write RURAL and give partest town) & LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAV(If not us hospitat, give street address) d. STREET ADDRESS 15 RESIDENCE OR INSTITUTION ON A FARM? YES NO T NAME OF First Middle 4. DATE Day Month Year DECEASED (Type or print) DEATH 105 august 6. COLOR OR RACE 7. MARRIED THEVER MARRIED 5. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH lost bighdow) Months Days WIDOWED | DIVORCED I popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (Slave or foreign country) 12. CITIZEN OF WHAT COUNTRY? carbon pop ofant 13. FATHER'S-NAME 14. MOTHER'S MAIDEN NAME 17. WIFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 10001 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 WAS AUTOPSY PERFORMED? ΝО Π 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (Countr) foctory, street, office bldg., etc.) Hour o. n. While Not while p. m. of work of work 21. I certify that I attended the deceased from \_, 19\_27\_that I last saw the deceased , and that death occurred at 545 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE KENSINGTON, M PHYSICIAN'S NAME (Type) 22d LOCATION (City, toyed, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMEJERY OR CREMATORY (Stote) 0 FUNERAL DIRECTOR'S SIGNATURE 2 ADDRESS. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 15M 9/55

BUREAU V. Z.

DECELAED

| 7 0 v  |           |               | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|--|-----------|---------------|--|
| X  | 61        |               | 08670 CERTIFICATE OF DEATH 08661   |
|  | T         |               | 8,9 4: 6219 8/30/57 CERTIFICATE OF DEATH Reg. Dist. No. 2/6  |
| age age.   | All March | 1. [          | **ACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  5. COUNTY  5. COUNTY   |
| died die   |           |               | Montannery mariano Marylond Montamery  |
| erol<br>be f   | -         | 1             | CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |
| D = D  | 10        |               | By thread a my 4 days Betheoda xo  |
| a a a  | 1         |               | I. NAME OF HOSPITAL (If not in hospital, give street oddress)  OR INSTITUTION  ON A FARM?  |
| g - <b>3</b>   | Logic     |               | Suburban Hospital 8622 Melipod Dr YES NOD  |
| of - o   | y         | 3 1           | NAME OF First Middle tost 4. DATE Month Day Year   |
| es 1   |           |               | Type or print) Agnes MARY (WUDRMUT DEATH 8 7 1957)   |
| ithir<br>Pag   |           | 5 S           | The state of the s |
| y Set  |           |               | WIDOWED DIVORCED 12-31-84 Distribution Doys Hours Min.   |
| comp<br>paper<br>oth.  |           | 10o           | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of fore an country)  12. CITIZEN OF WHAT COUNTRY?  |
|  | 1         | 10            | may ning House wife Minna U.S.   |
| a 5 5 k/   | T         |               | FATHER'S NAME 14 MOTHER'S MANGEN NAME / FIRST Dame.  |
| - II   | 1         | ن ا           | Joseph Smutney Matoush MARY  |
| riffico<br>physic<br>move<br>hours   |           | 15            | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address   |
| 9 6 C  | <b>.</b>  |               | No Sol-38-3495 Dale E. Goubleman-Item# 2   |
| death<br>trendir<br>please<br>vithin   |           |               | 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ]  |
| a digital  |           | H             | PART I DEATH WAS CAUSED BY MULTIPLE met stases, Malignant Melen oma 6 mes  |
| the The  |           |               | 190X DUE TO  |
| Bot By B   |           |               | Conditions, if any, which ) (b)  |
| ned lecrmit  |           |               | gave rise to immediate DUE TO  |
| sign.  |           |               | lying couse last. (c)  |
| sicio<br>seen<br>ron;  |           | Z             | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED?   |
| phy<br>phy<br>as b<br>iol-1  | 2         | CERTIFICATION | AES B NO D   |
| ing the hour   |           | PT FI         | 20b. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING   CAUSE OF DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II or Port II of item 18.)   |
| IAN<br>fica<br>fica<br>the   |           |               | (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
| r aff  |           | MEDICAL       | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)  |
| H o isi  |           | MED           | Hour a.m.  19 While Not while of work  |
| Spare For  |           |               | 21. I certify that I pattended the deceased from 4/10, 1957, to 8/7, 1957, that I last saw the deceased  |
| S A A S S S S S S S S S S S S S S S S S  |           |               | alive on 8/7, and that death occurred at 4/44M, from the causes and an the date stated above   |
| T d d d d  |           |               | ADDRESS (Street, city or town, stole)  DATE SIGNED   |
| Se d Se  | ,         |               | SIGNATURE Serman Greenbaum M.D. 8/7/57   |
| O SE SE  | 2         |               |  |
| A de la partir del |           |               | PHYSICIAN'S SEYMOUR GREENBAUM, MODIS   |
| De Jase  |           | 220           | SURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d EOCATION (City, town, or county) (Stole)  |
| moy FUN  |           | Bu            | REMOVAL (Specify) Aug. 9, 1957 Parklawn Rockville, Maryland  |
| 5 5 g =  | 1         | 23.           | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE  |
| VS A15 (4)<br>15M 9/55   | · F       | dob           | ert A. Pumphrey-Bethesda, Maryland OATED-10-57 Bessey M thompson   |
| 19111 77 78  | 2         |               |  |

BUREAU V. S.

AUG 12 1957

BECENTED

22c NAME OF CEMETERY OR CREMATORY

ADDRESS

CEDAR HILL CEMETERY

NO ST

(State)

22d LOCATION (C ty, town, or county

240 REC'DAY PEGISTRAR

PRINCE GEORGE COUNTY, MARYLAND

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BUREAU V. S.

MEGENAED SUPPLY

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DECENTED

|   | П        | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORI  | E, 18  |
|---|----------|--|--|
|   | L        | 08674 CERTIFICATE OF DEATH   | 08666<br>Reg. Dist. No. 4/6                                  |
|   | 1.       | PLACE OF DEATH a. COUNTY MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If in a. STATE Mod. b. CO)  | stitution: Residence before admiss on) UNITY UNITY           |
|   |          | b. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write to LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits) (In Inc. CITY OR TOWN (If outside corporate limits) (Inc. CITY OR TOWN (If outside corporate  | rite RURAL and give nearest town                             |
| r |          | d. NAME OF HOSPITAL (If not in hospital give street odefess) OR INSTITUTION  AMAZINATION  1.3.4 VILON Mills  | e IS RES DENCE<br>ON A FARM?<br>YES NO                       |
|   | 3.       | NAME OF DECEASED First Middle Lost 4. DATE OF DECEASED (Type or print) August 1 100 PL (1714 DEATH   | Month Day Year 7 19.5  |
|   |          | SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED B DATE OF BIRTH  9. AGE 1147  loat birthe  | rears IFUNDER I YEAR IF UNDER 24 HRS.                        |
| - |          | To USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Infant  Ma. U->   | 12. CITIZEN OF WHAT COUNTRY                                  |
|   | 1        | FATHER'S NAME Russell Micholas Vardina Beilah Kalter   | ine Thomas   |
| 3 | 15       | . WAS DECEASED EVER IN U. S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. 17. INFORMANT No. 17. INFORMANT No. 17. INFORMANT   | Address / Clarica  |
|   |          | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Feller A Celectasis  | INTERVAL BETWEEN ONSET AND DEATH                             |
|   | ı        | 162.5 DUE TO Immaturity  | 1  |
|   |          | gove rise to immediate couse (a), stating the under-tying cause last.  (c) Multiple Birth  |  |
|   | CATION   |  | N GIVEN IN PART 1(0) 19 WAS AUTOPSY<br>REFORMED?<br>YES NO [ |
|   | L CERTIF | 200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item TE (IF EITHER, NOTIFY MEDICAL EXAMINER)  | 3.)  |
|   | MEDICA   | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Have a. st. 19 While Not while of work at work at work 19 of work 19 Not while work 19 Not w | (County) (State)   |
|   | ı        | 21. I certify that I attended the deceased from CAUT, 19 1, to THUT, 19 alive on AUT, 1951, and that death occurred at 7:50M, from the caus  | Shat I last saw the decease                                  |
| 1 |          | ACTUAL LA WEREALLULAND ADDRESS (Street, city or I  |  |
|   | L        | PHYSICIAN'S Ira W. Pearlman, M.D. 4700 Bradley Blvd, Ch  | evy Chase, Md.   |
|   | E        | o. Burial, Cremation, 226. Date thereof 22c. Name of Cemetery or Crematory 22d Location (City, to UT121 8/9/1957 Darnestown Presby Ch. Montg. Co.  |  |
|   | 23<br>}  | FUNERAL DIRECTOR'S SIGNATURE ROBERT A. Pumphrey-7557 Wis. Ave. Bethesda, Nfd. REC'D BY REGISTRAR 245.  | REGISTRAR'S SIGNATURE  |
| , |          | 74.274 811   | /  |

Dakeya k. 2

VACCIET JACK

DECENTED

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HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU K.

40G 88 1957

BECEINE

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Page b. COHNTY files. Kaalith MARYLAND in 4 comer b, CITY OR TOWN It outside perporate finits, with RURAL € LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporale limits, write RURAL and give nearest lawn) ö d NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street oddress) SIRE TOEK ON A FARM? YES 🔲 NO 🛂 3. NAME OF Ferst Midd a 4. DATE Year DECEASED OF (Type or print) DEATH MARRIED NEVER MARR ED 18 DE OF 5 SEX COLOR OR RACE 9 AGE (In years IF UNDER TYEAR with t fast burthday! Months Hours S 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY Page 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) s Office alang with form PM3. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES TE SOCIAL SECURITY NO 17 INFORMANT IYes, no, er unknown) [If yes give wor ar dates of serv 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **burial-transit** DUE TO Conditions, if any, which gove rise to immediate cause DUE TO ord "pending" in Medical Examiner (e), sloting the underlying b couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO 5 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of in Jry in Port f or Part II of Item 18.) Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY (Stote) 45 factory, street, office bldg., etc.) Not while of work of work Page 21 I certify that I took charge of the remains described above, held on Autopsy Inspection 2 ond in my CTOR: opinion death resulted from: Notural couses [ Accident V. Homicide . Undetermined monner Suicide MEDIC DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER [7] 5!GNATURE DEPUTY MEDICAL EXAMINER NAME (Type) FUN 220. BUR AL CREMATION | 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county (Store) REMOVAL (Specify) Ö ADDRESS **8Y REGISTRAR** 246 REGISTRAR'S SIGNATURE VS A15ME

VACE ALL

BUREAU V. S.

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Java N. R.

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BECEINED

VS A15 (4) 15M 9/55 I

|            |  | MARYLAND   | STATE DEPAR                 | TM            | ENT OF HEALTH  | -BAL         | TIMORE, 18                            | }          | 08670                            |
|------------|--|--|-----------------------------|---------------|--|--------------|---------------------------------------|------------|----------------------------------|
|            |  | 08677  | CERTIFI                     | CA            | ATE OF DEATH   | 1            | s                                     | Reg. Dist. | 211                              |
| 1.         | PLACE OF DEATH  o. COUNTY  IVI OI                  | ntgomery   | MARYLAI                     | ND            | 2. USUAL RESIDENCE (Who o. STATE Mary)                       |              | d lived. If institutions<br>b. COUNTY |            | before admission)                |
|            |  | f outside corporate limits, write  | c. LENGTH OF STAY IN        | 16            | c. CITY OR TOWN (If ou                                       | itside corpo | prote limits, write RUR               |            | <u> </u>                         |
| I          | Bethesda   | rores rown   |                             |               | Bethesda   |              | ×                                     |            |                                  |
|            | d. NAME OF HOSPIT<br>OR INSTITUTION<br>5518        | AL (If not in hospitol, give street of Southwick Street)                 | eet                         |               | d. street address 5518 Southwi                               | ck St        | reet                                  |            | on a farma                       |
| 3.         | NAME OF<br>DECEASED                                | First  | Middle                      |               | Lost   | 4. DATE      | Month                                 | - 4        | Day Year                         |
| L          | (Type or print)                                    | Matilda  | M.                          |               | ENKELMAN   | OF<br>DEATH  |                                       |            | 17                               |
| 5.         | sex<br>Female                                      | White WIDOWS   |                             | - (           | 8 DATE OF BIRTH  |              |                                       | Months 200 | EAR IF UNDER 24 HRS              |
| 10         |  | 111DOWN  |                             |               | Nov. 15, 187   |              |                                       |            |                                  |
| Ι.         | _during most of worl                               | ON (Give kind of work done 10b. king life, even if retired)              | KIND OF BUSINESS OK I       | NDUS          |  |              | ountry)                               | IZ. CITIZE | N OF WHAT COUNTRY  USA           |
| _          | None<br>FATHER'S NAME                              |  |                             |               | Pennsylvai   |              |                                       |            | USA                              |
| 1          |  | Henkelman  |                             |               | Anna Elizab  |              | tein                                  |            |                                  |
| 15         | WAS DECEASED EVE                                   |  | SOCIAL SECURITY NO.         | 17. [         | NFORMANT   |              | Address                               |            |                                  |
| [A         | No. or unknown)                                    | (Il yes, give war or dotes of service)                                   | None                        | Αυ            | igusta Henkeli   | man-         | Same Iten                             | n #2       |                                  |
|            | 18. CAUSE OF DEA                                   | ATH [Enter only one couse per lin ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | isecting                    |               | eurvsm of t  |              |                                       |            | INTERVAL BETWEEN ONSET AND DEATH |
|            | 451X   | DUE TO   | 1.000 D 1116                |               | **************************************                       |              | NS/ 1 - WS                            |            | · ·                              |
|            | Conditions, if o                                   | ny, which ) (b) At   | herosclero                  | si            | is of the Ac   | rta          |                                       |            | vears                            |
|            | gove tise to income (o), stoling lying couse lost. | mmediate ( Dur TO  |                             |               |  |              |                                       |            |                                  |
| Z          | PART II. OTH                                       | HER SIGNIFICANT CONDITIONS   | ONTRIBUTING TO DEATH        | BUT           | NOT RELATED TO THE TERMIN                                    | NAL DISEAS   | E CONDITION GIVEN                     | EIN PART T | PERFORMED?                       |
| CERTIFICAL | 200 ACCIDENT WA                                    |  | arterioso                   |               | POSIS  (Enter nature of injury in Po                         | act Los Pas  | t II of dem IR )                      |            | YES NO                           |
| EET        | OR CONTRIBUTING                                    | CAUSE OF DEATH   | CRIBE HOTE HEIDER OCC       | URRE          | p (Ellies Indiane of Inforty in the                          | 011 1 01 101 | THE OF HEAT TO A                      |            |                                  |
| MEDICAL (  | 20c. TIME OF INJUR<br>Hour o. m.<br>p. m.          | Y Month, Day, Year 20d IP<br>While                                       | NJURY OCCURRED 20 Not while | e. PL/<br>for | ACE OF INJURY (Home, form, tory, street, office bldg., etc.) | 20f. (Cit    | y or town)                            | (Cou       | nty) (Slote)                     |
| L          | 21. I certify th                                   | at I attended the decease  | ed from                     |               | , 19, ta   |              | , 19,                                 | that I las | t saw the decease                |
|            | alive an   |  | , and that de               | eath          | accurred at  | .M, frai     | m the causes and                      | d an the   | date stated above                |
|            | ACTUAL SIGNATURE                                   |  | ler H.D.                    |               | A  |              | treet, city or town, sto              |            | DATE SIGNE                       |
|            | PHYSICIAN'S E                                      | Paula Mahler, I  | M.D.                        |               | 5311 Roos  | evelt        | Street, B                             | ethes      | sda, Md.                         |
| 22         | BURIAL, CREMATIO                                   |  | 22c NAME OF CEMETE          | RY O          | R CREMATORY  | 22d LOCA     | TION (City, town, or                  | county)    | (Stote)                          |
| B          | urial  | 8/17/57  | Parklawn                    |               |  | Rock         | ville, M                              | laryl      | and                              |
|            | FUNERAL DIRECTOR                                   |  | ADDRESS                     |               | 240. REC'D   | BY REGIS     | TRAR 24b REGISTR                      | AR'S SIGN  | ATURE                            |
|            | Robert A.  | . Pumphrey B   | <u>ethesda, N</u>           | lar           | yland DATE D   | -14-6        | 2 Desse                               | ic Off     | Hompra                           |



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DECEINED

1825 J 1825

BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

THE SS 1921

# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital at attending physician. TO FUNERA DIRECTOR: After this certificate has been signed by the attending physician and completely filled it is funeral director, page 3 st., be detached far use as the burial-transit permit. Then please remove carbon papers. Tage 3 at should be filed with the registrar prior to burial, cremation, at removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08680

## **CERTIFICATE OF DEATH**

086734

en Dist No. 2

| 1 PLACE OF DEATH COUNTY MONTGOMERY MARYLAND  | 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o STATE MARYLAND b. COUNTY MONTGOMERY  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b RURAL and give nearest town)  SILVER SPRING  11 yrs.  | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SILVER SPRING   |  |  |  |  |  |  |  |  |
| d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1221 DALE DRIVE   | d. STREET ADDRESS 1221 DALE DRIVE 0. 15 RESIDENCE ON A FARM? YES 10 NO 10   |  |  |  |  |  |  |  |  |
| 3. NAME OF DECEASED (Type or print) FRANCES First LACEY  | HUNTER OF AUG. 18 19 57   |  |  |  |  |  |  |  |  |
| 5. SEX   6. COLOR OR PACE   7. MARRIED A NEVER MARRIED   | 8 DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Instrument of the state of |  |  |  |  |  |  |  |  |
| 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOMEMAKER  OWN HOME  | WASHINGTON, D.C. 12. CITIZEN OF WHAT COUNTRY:   |  |  |  |  |  |  |  |  |
| 13. FATHER'S NAME WILLIAM A. CLARKE  | 14 MOTHER'S MAIDEN NAME<br>FRANCES T. TRUNNELL  |  |  |  |  |  |  |  |  |
| 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 II (17 yes, give wer or dotes of service) 214-36-183411:   | s. Louise H. Hughes, 13,500 Grenoble Dr.  Rockville, Md.  |  |  |  |  |  |  |  |  |
| 200 ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m | ONSET AND DEATH  3 1/2 LIBRA  T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO DECLOY, Street, affice bidg, etc.) 20f (City or town) (County) (State) h occurred at 2/30A M, fram the causes and on the date stated above  |  |  |  |  |  |  |  |  |
| ACTUAL SIGNATURE STATEM H. Traum  PHYSICIAN'S NAME (Type) Aaron H. Traum   | MDERESS (Street, city or town, store).  DATE SIGNEY  MDERESS (Street, Sidner Spring Med any 195   |  |  |  |  |  |  |  |  |
| 270 BUR AL, CREMAT ON, 226 DATE THEREOF ST. JOHN S C   | PROCEEDING COUNTY, OF COUNTY, MARYLAND  MONTGOMERY COUNTY, MARYLAND   |  |  |  |  |  |  |  |  |
| 3. FUNERAL DIRECTOR'S SIGNATURE WORNER G. TUMPLY STLVER SPRING   | A. MD. 240. REC'D OF REGISTRAR 246 REGISTRAR'S SIGNATURE DATE 8/26/57 Frances Faller  |  |  |  |  |  |  |  |  |

PECEIVELL SS 200

BUREAU V. S.

| 1.                                   | 1      | - 3 | ten             | ı 18 bilm   | 220 2 12   |                            |                          |        | NT OF HEAL                                       |                           | •                                       |                   | 08        | 674             |                   |
|--------------------------------------|--------|-----|-----------------|---|--|----------------------------|--------------------------|--------|--|---------------------------|---|-------------------|-----------|-----------------|-------------------|
| 4 should be<br>cremation,            | C      | X   |                 | ACE OF DEATH<br>COUNTY                                  | 0051   |                            |                          |        | 2. USUAL RESIDENCE                               | _                         | ned fived. If Instit                    |                   |           |                 | aion)             |
| Page 4<br>burial, a                  |        |     | b.              |   | GOMETY  outside corporate limits, writ   | e RURAL                    | c. LENGTH OF STAY        | IN 1b  | c. CITY OR TOWN                                  | y Land<br>(If outside cor | porale limits, write                    | MONT<br>RURAL and |           |                 | m)                |
| ar. P                                | ,      | ~~  |                 | thesda (R   | ural)  | If not in hosp             | D.O.A.                   | 18)    | Bet  | hesda (<br>Barra          | Rural)<br>cks #112                      |                   |           | e. IS RE        | SIDENCE           |
|                                      |        | 77  |                 | S. Naval  | Hospital,  |                            | da, Maryla               | nd     | U.S. Nava  | l Hospi                   |   |                   | -         | YES 🗌           | NO 🔀              |
| uneral<br>your<br>registr            |        |     | (T <sub>1</sub> | CEASED<br>ype or print)                                 | Rol  | and                        | Jennings                 |        | HURST  | OF<br>DEATH               | Mont<br>Aug                             | ust               | Doy<br>22 | 15              | 9 57              |
| o the fame<br>ned fame<br>th the     |        |     | 5 SE            | x<br>ale  | 6. COLOR OR RACE White   | 7. MARRIE                  | D NEVER MARRIES DIVORCED |        | 8-26-24  |                           | 9. AGE (In years lost birthday) 33 yrs. | Months (          | YEAR      | Hours           | R 24 HRS.<br>Min. |
| and 3 h<br>e retail                  |        | 1   | du              | USUAL OCCUPATION FINE MOST OF WORKING                   | ON (Give kind of work in the fire of the grant of the country of t |                            | Navy                     | INDUST | ry 11. Birthplace (SM<br>Florida                 | ate or foreign            | country)                                | 12. CITIZ         |           | WHAT            | COUNTRY?          |
| 1, 2, ar<br>may be                   | ,      | . \ | 13. F           | ATHER'S NAME  |  | 1000                       | , Havy                   |        | 14. MOTHER'S MAIDER                              |                           | ,                                       | 1 00              |           |                 |                   |
| ve Pages 1<br>Page 5 m<br>File pages |        |     | 15. Y           | Otton Dani VAS DECEASED EVI 6. or unknown)              | .C.L. HUKS'T'  ER IN U. S. ARMED FO  111 yes, give wor or dates of   | service]                   | SOCIAL SECURITY NO.      | 17. IN | Vida (la:  | st name                   | unknown                                 | )                 |           |                 |                   |
| Ďe.                                  |        | -1  |                 | S Current   | TH [Enter only one cos   | 26<br>use per line f       | 7 2 7 7 7 7 7            | Of     | ficial Nav                                       | y Recor                   | ds                                      |                   | INTERV    | AL BETWE        | N                 |
| orm PM                               |        |     |                 | PART I. DEAT  | TH WAS CAUSED BY:  | Cor                        | onary three              | mbos   | is left Ar                                       | nt. des                   | cending h                               | ranch             | DNSEI     | AND DEA         | н                 |
| in Iten<br>with fo                   |        |     |                 | 4-20.<br>Conditions, if a                               |  | Cor                        | onary sclere             | osis   |  |                           |   |                   |           | _               |                   |
| penci<br>along<br>buria              |        |     |                 | gove rise to immed<br>(a), stating the u<br>couse last. |  | Art                        | eriolar_ne               | ondo   | sclerosia  |                           |   |                   |           |                 |                   |
| 's Office<br>used os o               |        | 2   | CATION          | _   | passive co   |                            |                          |        | OT RELATED TO THE TEL                            | rminal diseas<br>Monary   |   | VEN IN PART       |           | WAS A<br>PERFOI | RMED?             |
| 8 5 8                                |        | 0   | ETA P           | DO EXTERNAL CAU   | JSE WAS 20   |                            |                          |        | nter nature of injury in f                       |                           |   |                   |           | 2.477           | NO L              |
| the ward<br>dical Exam<br>a 3 should |        |     |                 | Hour a, m,  | RY Month, Day, Yes   | 20d. It<br>While<br>at wor | Not while                |        | CE OF INJURY (Home, forry, street, office bldg., |                           | y or town)                              | (Cour             | nty)      |                 | (Stole)           |
| writing<br>lief Mex<br>0R: Pog       |        |     |                 |   |  |                            |                          |        | ve, held on Auto                                 |                           |   |                   | / [],     | ond f           | ind that          |
| the Ch                               |        | á   | Ш,              | ACTUAL SIGNATURE  | Trans 4  | Bn                         | orhest                   |        | M.D. CHIEF MEDICAL                               |                           |   | L-mail            |           | DATE SI         | GNED              |
| 5 E E                                | oval.  | 6.4 |                 | EY A MINER'S  | rank J. Br   | oachar                     | + MD                     |        | ASSISTANT MEDICAL                                |                           | . —                                     |                   | 22        | 12200           | 105               |
| cute the forward O FUNS              | or rea |     | 220.            | SUR AL, CREMATIO  | N, 22b. DATE THEREC  |                            | 22c. NAME OF CEMET       |        | CREMATORY  | 22d. LOCA                 | TION (City, town,<br>pa, Flori          |                   | رے        | Aug<br>(State   |                   |
| . ►<br>S. A15ME[                     | 5}     |     | _               | Mal   | S SIGNATURE  | Jiccon                     | ADDRESS                  |        |  |                           | TRAR 24b. REGI                          |                   | NATOR     | E               | al.               |
| 5M 9/55                              |        | (   | 17.             | A. Pumph  | 1/1/68-  | 1200011                    | 3217 217 0 0 9 1         |        | TOALE  |                           | ma                                      | 46.               | 12        | rre             | 27                |

BUREAU V. S

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BECEINE

| 1_   |    |           |  | MARYI  | AND                         | STATE E            | DEPARTM             | LENT OF HEA                                       | LTH-BA                   | LTIMORE, 1                                 | 8              | 000                 | ウモ                 |  |  |
|--|----|-----------|--|--|-----------------------------|--------------------|---------------------|---|--------------------------|--|----------------|---------------------|--------------------|--|--|
| 1/   | -  | L         |  | 0861   | 3                           | C                  | ERTIFIC             | ATE OF DEA  | ATH                      |  | Reg. Dist.     | ()09<br>No.         | 173                |  |  |
| director.  | M) | 1.        | PLACE OF DEATH<br>P. COUNTY<br>Montgomer   | y  |                             |                    | MARYLAND            | 2. USUAL RESIDENCE<br>o STATE<br>Marylane         | _                        | b. COUNTY                                  | on Residence I |                     | ision)             |  |  |
| 2 8  |    |           | b. CITY OR TOWN (If outside corporate limits, write<br>RURAL and give negrest town)<br>Takoma Park |  |                             |                    | ths                 |   | porate limits, write R   | limits, write RURAL and give nearest town) |                |                     |                    |  |  |
| the fun<br>2 shauld                              | 70 |           | d. NAME OF HOSP  | ITAL (If not in hospital, o  |                             | •                  | 1                   | d. STREET ADDRE                                   | SS                       | 70   |                | ON                  | SIDENCE<br>A FARM? |  |  |
| led s  |    | 3         | NAME OF<br>DECEASED<br>(Type or print)   | Fir<br>Mat   | st                          |                    | Middle<br>Ellen     | last  | 4. DATI                  | Mor  |                | Day                 | Yeor               |  |  |
| ely fille<br>Poges                               |    | 5.        |  | 6. COLOR OR RACE   |                             |                    | THE PERSON NAMED IN | 8. DATE OF BIRTH                                  |                          | 9. AGE (In years lost birthday)            | IF UNDER 1 Y   |                     |                    |  |  |
| campletely<br>papers. Po<br>oth.                 |    |           | Female USUAL OCCUPAT   | White  | WIDOW                       | 123                | INESS OR INDU       | 12-18-78  | State or foreign         | 78 yrs.                                    |                |                     | T COUNTRY?         |  |  |
| ر قوع چ  | T  |           | during most of wo<br>NOTIC<br>FATHER'S NAME  | rking life, even if retired  |                             |                    |                     |   | ct of C                  | olumbia                                    | Ame            | rica                |                    |  |  |
| physician or<br>move carbo<br>haurs after        | 1  | L         | Stanley T  |  |                             |                    |                     | Mary C.   |                          |  |                |                     |                    |  |  |
| ng physic<br>72 haurs                            | 0  | ₹¥#       | s, no, or unknown)   | ER IN U. S. ARMED FOR  |                             | SOCIAL SECU        |                     | INFORMANT   |                          | Add  | ress           |                     |                    |  |  |
| attendin<br>in please<br>it within 7             |    | N         | 18 CAUSE OF DE   | ATH [Enter only one co<br>ATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (o |                             | ine for (ti), (b), |                     | Hospital Re                                       | ae ta                    | ilevre                                     |                | INTERVAL BONSET ANI | D DEATH            |  |  |
| d by the<br>mit. The<br>ony even                 |    |           | Conditions, if   |  |                             | Juan               | ecite               | ou  |                          |  |                | sig x               | enello             |  |  |
| on.<br>n signer<br>sit per                       |    |           | gove rise to cause (o), sloting tying couse lost   | g the <u>under-</u> DUE TO   | 1                           |                    | emon                | - cury  | Cuerta                   | my Color                                   | w              |                     | 105                |  |  |
| physica<br>has bee<br>not-tran<br>noval, o       | C  | CATION    |  | THER SIGNIFICANT CON   |                             |                    |                     | <i>V</i>  |                          |  | /EN IN PART 1( | PERF                | AUTOPSY<br>ORMED?  |  |  |
| ficate<br>the bu                                 |    | L CERTIFI | (IF EITHER, NOTIF  | AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER                | 20b. DES                    | SCRIBE HOW IN      |                     | ED (Enter nature of injul                         |                          |  |                |                     |                    |  |  |
| al ar at<br>this cert<br>r use as<br>ematiar     |    | MEDICAL   | 20c. TIME OF INJE<br>Hour a.m.<br>p. m.  | 10   | or 20d I<br>While<br>of wor |                    |                     | LACE OF INJURY (Home, octory, street, effice bldg | form, 20f (0<br>., etc.) | City or town)                              | (Cou           | nfy)                | (Stote)            |  |  |
| Affer<br>ed fa<br>ial, cr                        |    |           | -  | hat I attended the   | deceas                      |                    | lilare              | and all and the strength of the                   |                          | ,  | Zithat I las   |                     |                    |  |  |
| TOR:<br>detact<br>to bur                         |    |           | alive onX  | DID  | , 19.2<br>Z                 | , an               | d that deat         | h accurred at 2.1                                 | ADDRESS                  | om the causes (<br>(Street sily or town,   |                | date stat           | ed abave.          |  |  |
| anned by d be                                    | 1  |           | ACTUAL<br>SIGNATURE  | Dogera   | 4                           | A II               | 1200                | MD / CEST   | ocua                     | rark,                                      | ma             | . 8/1               | 3/5/               |  |  |
| 3 strongistron                                   |    | 27.       | PHYSICIAN'S<br>NAME (Type)   | ON 226. DATE THEREO  | / /                         | 17 /7/             | 7/1/5,              | 11.01   | 204 14                   | CATION (City, town,                        |                | De                  |                    |  |  |
| may be ro<br>O FUNER<br>page 3 rr<br>the registr | ., | 1         | REMOVAL (Specif  | 8/16/5   | 7                           | CON                | gress               | OR CREMATORY PLES                                 | un fro                   | aslin                                      | glon,          | No.                 | 6,                 |  |  |
| VS A15 (4)<br>15M 9/55                           |    | 打         | alleys:  | Tymual   | Ho                          | ADDRÉS             | mit R               | aines put   | G 19                     | 1957 P                                     | STRAP'S SIGN   | ATURE X             | John               |  |  |
|  |    |           | 7  |  | In                          | بحر,               |                     | made  |                          |  |                |                     | ×                  |  |  |

# VACE TO TOPS

BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08682 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY Filed MARYLAND Montgomery Maryland b. CITY OR TOWN (If outside corporate limits, write P ag c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) should Bethesda California hrs d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? having YES NO K Naval Hosp, NNMC. Long Apts NAME OF 4. DATE First Middle Month Day Filled DECEASED DEATH (Type or print) Baby Boy Imholte 19 5 August 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Doys Min. Male WIDOWED [7] DIVORCED [ Cauc August popers 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? puo None Maryland USA 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME offer COL physician certificate move Gerald J. Imholte Luella Tone Johnson IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17. INFORMANT Address [if yes, give war or dates of service] altending Gerald J. Imholte, Longs Apts, California, Md. None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ] ONSET AND DEATH Ď. PART I, DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Immaturity shnermal rulmonary ventilation hours that the DUE TO 45 minutes mematurity E. 900 Conditions, if ony, which signed gave tise to immediate DUE TO ě cause (a), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO P 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18 ] (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) Dov. Year 20d. INJURY OCCURRED (County) (Stole) foctory, street, office bidg., etc.) Hour o. m While Not while of work at work 11 Aug ., 19.57, to 11 Aug 1957 that I last saw the deceased 21. I certify that I attended the deceased from.\_\_\_ \_\_, and that death occurred at 8:45 AM, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE U.S. Naval Hospital, NNMC.Beth.Md. PHYSICIAN'S LT Daniel Shupter Naval Hosnital NNMC Bethesda Md. FUNER 220. BUR AL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION [City, town, or county] (State) REMOVAL (Specify) St. Anne's Church Cemetery Kimball, Minneaota 0 THE REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR nuc VS A15 (4) DATE 8-11-5 IN AVE. RETHESDA. 15M 9/55

ENUEVO Nº E

ZEUT ... DAY.

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|     | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|-----|--|
|     | 08683 CERTIFICATE OF DEATH Reg. Dist. No. 215  |
|     | 1. PLACE OF DEATH  o. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)  o. STATE  b. COUNTY  Description:   |
| (C) | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Bethesda (Rural)  Bethesda (Rural)  Rural ond give nearest town)  Bethesda (Rural)  Bethesda (Rural)  Bethesda (Rural)   |
| 1   | d NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION  6. IS RESIDENCE ON A FARM?  |
|     | U.S. Naval Hospital, NNMC, Bethesda, Md.   YES   NO   NO   NAME OF   First   Middle   Lost   4. DATE   Month   Doy Year  |
|     | DECEASED (Type or print) Baby Boy JACKSON DEATH August 6 1957  |
|     | 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR IF UNDER 24 HR5   lost birthday) Months Days Haurs Min.   |
|     | Male Negro WIDOWED DIVORCED August 5 1957 yrs. 8 17  |
| -   | None Maryland U.S.   |
| 7   | 13. FATHER'S NAME  |
| ,   | FUSSELL JACKSON ELOIS WILLS  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address  Address  |
| 3   | (15 yes or uningwn) (15 yes, give war or dotted of service) No  No  Official Navy Records  |
|     | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a), Pulmonary Hyaline Henryana disease 5/2 hrs.  Conditions, if any, which gove rise to immediate couse (a), stoting the under:  Lying couse lost.  (c)  |
|     | Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  |
|     | OR COUNTRIBUTING CAUSE OF DEATH  OR COONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w |
|     | 21. I certify that I attended the deceased fram 5 August 1957, to 6 August 1957, that I last saw the deceased alive an 6 August 1957, 19, and that death accurred at 4:40A.M. fram the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  |
| 1   | PHYSICIAN'S C. PARKE, JR.LT.MC.USN  W.S. Naval Hospital, Bethesda, Md. 8-7-57  U.S. Naval Hospital, Bethesda, Md.  |
|     | 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)   |
|     | Burial 8-7-57 St. Peters Cemetery Waldorf, Maryland  |
|     | Huntt & Ryon, Waldorf, Maryland Date 8-7-57  ADDRESS  ADDRESS  DATE 8-7-57   |
| 4   | 0 1011 x 1/2   |

BUREAU V. S.

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VS A15 (4) 15M 9/55

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|   |   |                           |   |               |   | 91. 0.19    |              |            |  |  |  |
|---|---|---------------------------|---|---------------|---|-------------|--------------|------------|--|--|--|
| PLACE OF DEATH o. COUNTY                | Montgomery  | MARYLAND                  | 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery |               |   |             |              |            |  |  |  |
| b. CITY OR TOWN (i<br>RURAL and give no | f autside carporate limits, write                               | c. LENGTH OF STAY IN 16   | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)  |               |   |             |              |            |  |  |  |
| Bethesda 1                              | , Maryland  | 47 days                   | Bethesda  |               |   |             |              |            |  |  |  |
|   | AL (If not in haspital, give stree                              | address)                  | d. STREET ADDRESS   |               | e. 15 RESIDENCE                         |             |              |            |  |  |  |
| The Clinic                              | al Center, Beth   | nesda 14, Md.             | 6938 B  |               | YES NO.                                 |             |              |            |  |  |  |
| 3. NAME OF<br>DECEASED                  | First   | Middle                    | last  | 4. DATE       | Mon                                     | Day Year    |              |            |  |  |  |
| (Type or print)                         | Cora  | Emma                      | Jensen  | DEATH         | At                                      | igust       | 17 19 57     |            |  |  |  |
| 5. SEX                                  | 6 COLOR OR RACE 7. MAR  | RIED NEVER MARRIED        | B. DATE OF BIRTH  |               | 9. AGE (In years                        |             | TYEAR IF UNI |            |  |  |  |
| Female                                  | White wipow   | DIVORCED [                | July 10, 189  | 5             | 62 yrs.                                 | Months      | Days Haurs   | Min.       |  |  |  |
| 100. USUAL OCCUPATIO                    | ON (Give kind of wark done 10b                                  | KIND OF BUSINESS OR INDU  | STRY 11 BIRTHPLACE (State   | ar fareign c  | ountry)                                 | 12. CITI    | ZEN OF WHA   | T COUNTRY? |  |  |  |
| Bookkeepe                               |   | Accounting                | Idaho   |               |   | 1           | U.S.A.       |            |  |  |  |
| 13 FATHER'S NAME                        |   |                           | 14 MOTHER'S MAIDEN N  | NAME          |   |             |              |            |  |  |  |
| Wilford                                 | Phippen   |                           | Emma Will   | iams          |   |             |              |            |  |  |  |
| 15. WAS DECEASED EVE                    | R IN U. S. ARMED FORCES? 16                                     | SOCIAL SECURITY NO 17.    | INFORMANT The Med   | lical         | Record Add                              | ress        |              |            |  |  |  |
| No No                                   | (if yes, give wer or dates of service)                          |                           | he Clinical C   |               |   |             | Maryla       | and        |  |  |  |
|   | TH [Enter anly one cause per l                                  |                           |   |               | , 2001000                               |             | INTERVAL B   |            |  |  |  |
|   | TH WAS CAUSED BY:   | 1.1                       | D10120  | Cism          |   |             | ONSET AN     | D DEATH    |  |  |  |
| e1 a 1 v                                | IMMEDIATE CAUSE (0) TODG RIVS PIZE ITZE                         |                           |   |               |   |             |              |            |  |  |  |
| - ' / '                                 | OUE TO  |                           |   |               |   |             |              |            |  |  |  |
|   | Conditions, if ony, which (b)                                   |                           |   |               |   |             |              |            |  |  |  |
| couse (a), stating                      |   |                           |   |               |   |             |              |            |  |  |  |
| lying cause last.                       | ) (c)   |                           |   |               |   |             |              |            |  |  |  |
| PART II. OTH                            | IER SIGNIFICANT CONDITIONS                                      | CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI  | INAL DISEAS   | E CONDITION GIV                         | 'EN IN PART | PERF         | QRMED?     |  |  |  |
| 5                                       |   |                           |   |               |   |             | YES [        | NO 🗆       |  |  |  |
| THER, NOTIFY                            | S UNDERLYING [] 206. DES<br>CAUSE OF DEATH<br>MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE  | D. (Enter nature of injury in l   | Part I ar Par | t II of item 18 }                       |             |              |            |  |  |  |
| 20c. TIME OF INJUR<br>Hour a.m.         |   |                           | ACE OF INJURY (Home, form   | 20f. (City    | r or fown)                              | (€          | ounty)       | (State)    |  |  |  |
| Hour o.m.                               | 19 of wo  | Not while                 | ictory, street, affice bldg., etc.  | 4             |   |             |              |            |  |  |  |
|   | at I attended the decea   | 7-17-2                    | 19 57 to Au   | gust :        | 17 10 57                                | 45-5-1-1-   | ast saw the  |            |  |  |  |
|   | ust 17 10   | 104 110111                | accurred at 9:45p   |               |   | .,tnor i te | ast saw the  | e deceasea |  |  |  |
| dilve dn_1119                           | 12.   | and that death            |   |               | n the causes of<br>treet, city or lown, |             |              | ted abave. |  |  |  |
| ACTUAL R.                               | 00- () -  | Minn                      | The Clinic  |               |   | riosal      | ,            | 2 /2 8 /C2 |  |  |  |
| SIGNATURE 1                             | revoler 16.   | Juan                      | National I  |               |   |             |              | 3/T0/51    |  |  |  |
| PHYSICIAN'S<br>NAME (Type)              | Richard K. Shav   | r, M. D.                  | Bethesda 1  |               |   | ieal ui     |              |            |  |  |  |
| 220. BURIAL, CREMATIO                   | N, 226. DATE THEREOF  | 22c. NAME OF CEMETERY C   |   |               | TION (City, town,                       | or county)  | (\$10        | ole)       |  |  |  |
| removal (Specify) Transit               | 8/20/57   | Rose Hill C               | emeterv   |               | ttier .                                 | T.A. C      |              | liforr     |  |  |  |
| 23 FUNERAL DIRECTOR                     | S SIGNATURE   | ADDRESS                   |   | D BY REGIST   |   | STRAR'S SIG |              |            |  |  |  |
| Robert A.                               | Dummbaaan   | D - 4.2 1 25              | 04x6 \$.  |               | m 10                                    | - h         | 211-         | 11.        |  |  |  |
| MODEL A.                                | Pumphrey  | Bethesda, Ma              | ryland lovie 8  | 2020 0        | 1 local                                 | 11011       | 1. Mons      | pres       |  |  |  |
|   |   |                           |   |               |   |             | /            |            |  |  |  |

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

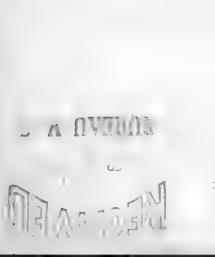
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



| 1  |            | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|--|------------|--|
|  |            | 08686 CERTIFICATE OF DEATH  Reg. Dist. No. 216   |
| director.  | 1.         | PLACE OF DEATH  o. COUNTY  MARYLAND  2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  VICAINIC  |
| funeral funeral  |            | b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest lown)  RURAL and give-nearest town)  Alexandria  |
| Se TC  |            | d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OR DUT DAW  6908 Chaco Road  15 RESIDENCE ON A FARM? YES IN NO BY   |
| ithin 24 ho<br>ely filled i  | L          | NAME OF TWIN First 1/4 Middle Johnson Lost A. DATE OF DECEASED (Type or prof) Baby Boy Boy Bonnson DEATH Aug 28 1957   |
| Pog Pog  |            | SEX  6. COLOR OF RACE  7. MARRIED NEVER MARRIED B. DATE OF BIRTH  Ma/e  WIDOWED DIVORCED Acres 1 FLUNDER 1 YEAR IF UNDER 24 HRS  Months Doys Hours Min. 7  WIDOWED DIVORCED Acres 1 FLUNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 24 HRS  Months Doys Hours Min. 7  WIS MONTHS DOYS HOURS MIN. 7  WITH MONTHS DOYS MIN. 7  W |
| and cample<br>bon papers.  |            | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11 ARTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 24 5 A   |
| physician and move carbon hours after the  |            | FATHER'S NAME  Frank James Johnson Son Sarah Bandnet.  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 117 INFORMANT  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 117 INFORMANT  |
| fing physe remover the find physical find physical find physical find find find find find find find find |            | 1 no or unknown) (f yes, give war or dotes of service) None Frank J. Johnson - Same Item #2  |
| he dest  |            | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Control of the course per line for (a), (b), and (c) ]  INTERVAL BETWEEN ONSET AND DEATH  Y finance  Y finance  |
| that i   |            | Conditions, if ony, which (b)  |
| ian.<br>ian.<br>in signe<br>nsit per<br>and in o   | 7          | tying couse last.   DUE TO   |
| The law g physic has bee urial-tra maval.  | FICATION   | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO []  |
| HEAN:<br>Hending<br>Historie<br>S the bu   | AL CERTIFI | 20g. ACCIDENT WAS UNDERLYTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 )  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
| tal ar a<br>this cer<br>ar use a<br>rematia  | MEDICAL    | 20c. TIME OF INJURY Month, Day, Year Hour o. m 19 While Not while at work of work of work 19 Not work  |
| ENDING<br>te haspi<br>R: After<br>ached fe<br>surial. c  |            | 21. I certify that I attended the deceased from 27/66 p., 1917, to 25 cmg, 1957, that I last saw the deceased alive on 27/66 p., 1957, and that depth accurred of 459/AM, from the causes and on the date stated above.  |
| ed by the RECTO IT   |            | ACTUAL SIGNATURE SIGNATURE MD. 8218 Wisconsin like 28/11/21.   |
| se retoin<br>3 sylvar p  |            | PHYSICIAN'S TIH MITCHELL MD Beitwick MI  |
| may be may be  | C          | Prince Georges Maryland  Removal [Specify] 9/3/1957 Cedar Hill Crematory Prince Georges Maryland   |
| VS A15 (4)<br>15M 9755   | 23         | FUNERAL DIRECTOR'S SIGNATURE 7557 Wis. Apprenue, Bethesda, DATE 9-4-57 Bessi M. Thompson Md. DATE 9-4-57 Bessi M. Thompson   |
| 4  | ,          | 11/10/0  |

LIMEVO A. J

MICHAEM

the funeral director, 2 shayld be liked with Ch1

1. PLACE OF DEATH

ed by the hospital or ottending physician.

RECTOR: After this certificate has been signed by the ottending physician and campletely filled be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 prior to burial, cremation, ar removal, and in any event within 72 hours after death.

ATTEMBING MHYS MIAN: The law requires that the Leath certificate be executed within 24 hours after death. TO FUNER page 3 v VS A15 (4) 15M 9/55

| Н |               | 11 on rgomery MARTLAND   | Georgia,   |
|---|---------------|--|--|
| 1 | Ъ             | b CITY OR TOWN (If outside corporate limits, write) c. LENGTH OF STAY IN 1b c. (RURAL and give nearest (o.b.)  | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  |
| 1 |               | tatoma Park 39 Cayo  | Lithonia.  |
| ı | d.            | The state of the s | STREET ADDRESS e. 15 RESIDENCE   |
| ı |               | Washington San + Hospital P.   | O. Bry 233   |
| ı | 3. N          |  | Lost 4. DATE Month Day Year  |
|   |               | (Type or print) Grace Elizabeth  | Johnson DEATH 8 - 10. 1957   |
| 1 | 5. SE         | . SEX   6 COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE   | OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS   |
|   | +             | te WIR TE WIDOWED DIVORCED #   | - 21-96 (ast birthday) Months Days Hours Min.  |
| , | 10a           | 00 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. during most of working life, even if retired)  | . BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?   |
|   |               | House wife   | Kansas. U.S.a.   |
|   | 13. F/        | 1. FATHER'S NAME (14. M  | OTHER'S MAIDEN NAME  |
|   |               | James Crawford   | Hildu ERICSON  |
|   | 15. W         | 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMATION OF Unknown) 1 (If yes, give wer or defee of service)  | ANT  |
|   |               | No yes Hu  | sband - Same.  |
| ı | 1             | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)  | INTERVAL BETWEEN   |
|   |               | PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  | care moundodes onset and DEATH   |
| ı |               | 153 X DUE TO   |  |
| 1 |               | Conditions, if any, which ) (b)  |  |
| i |               | gove rise to immediate couse (a), stoting the under-   | a. Chella · Ma   |
|   |               | lying couse lost.  | acting to a grant frequency  |
|   | S S           | PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE   | LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  |
|   | ₫             |  | YES NO 🗆   |
|   | CERTIFICATION | 206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED (Enter  | nature of injury in Part I or Part II of item 18 )   |
|   |               |  |  |
|   | MEDICAL       | 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF factory, stre  | INJURY (Home, farm,   20f (City or town) (County) (State) eat, affice bldg., etc.)   |
| H | ME _          | p. m. 19 of work of work   |  |
|   | 2             | 21. I certify that I attended the deceased from July h.  | 195 /, ta  |
|   | 4             | olive on 1951, and that death occur  | red of 12:30P. M. from the couses and an the date stated above.  |
| J |               | 1 - 2 - 1 (Tud so. 18  | ADDRESS (Street, city or lown state) DATE SIGNED   |
|   | ŝ             | SIGNATURE OF THE MILE MILE MILE MILE MILE MILE MILE MIL  | 160/Collevuil Na 870-5   |
|   |               | PHYSICIAN'S JOHN AND MEWS MID.   | Silver Shring -1118  |
|   |               | 20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMA  | ATORY 22d. LOCATION (City Town, or county) (State)   |
|   | В             | Burnal Specify 8/13/57 Arlington Nation  | The state of the s |
|   | 23, FL        | 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  | 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE   |
|   | R             | Robert A. Pumphrey-Bethesda, Maryland  | DATE I MILLION   |
|   |               |  | THE THE CASE OF THE  |

BUREAU Y. E.

MEDELL 1957

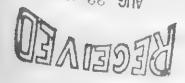
HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



7861 SS 20A



JUREAU V. S 406 1 9 1957

BECEING

| 0 | 8 | 6 | 8 | 5 |  |
|---|---|---|---|---|--|
|   |   |   |   |   |  |

**CERTIFICATE OF DEATH** 08689

Par Diet No

| -  | - 10 |      |
|----|------|------|
|    | 200  | 2/   |
|    | - /  | 11   |
| 1  | T.   | / 10 |
| E. | ~    | 1 10 |

may be retained by the hospital ar attending physician.

TO FUNER: "IRECTOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 st. 1 be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I also should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

| 00000 |                                       |   |              |                                       |   |                                    | Keg. Dist, 14                     | э.              |            |           |
|-------|---------------------------------------|---|--------------|---------------------------------------|---|------------------------------------|-----------------------------------|-----------------|------------|-----------|
| )     | 1. PLACE OF DEATH a COUNTY            | ONTGOMERY   | MARYLAND     | 2. USUAL RESIDENCE (  STATE  MARYLAND | (Where deceased   | l lived. If instituti<br>b. COUNTY |                                   |                 | on)        |           |
| ,     | b. CITY OR TOWN                       | b. CITY OR TOWN (If autside corparate limits, write   c LENGTH OF STAY IN 1b  |              |                                       | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) |                                    |                                   |                 |            |           |
|       | RURAL and give r                      | earest town)<br>BETH  | ACDA         | 8 DAYS                                | ROCKVII   | LLE.                               |                                   |                 |            |           |
|       | d NAME OF HOSPI                       | TAL (If not in hospital, g  |              |                                       | d. STREET ADDRESS   |                                    |                                   |                 | e IS RESID | DENCE     |
|       | OR INSTITUTION                        | SUBURBAN  | HOSP         | Tron.                                 | CITY 13.  | NORBECK                            | RD.                               |                 | YES T      |           |
|       | 3 NAME OF                             | Fie   |              | Middle                                | Lost  | 4. DATE                            | Mor                               | rh C            |            | Por       |
|       | (Type or print)                       | BESSI   |              | MnX                                   | KEINE   | OF<br>DEATH                        | UGU                               |                 |            | 9.57      |
|       | 5. SEX                                | 6. COLOR OR RACE  | 7 MARR       | IED NEVER MARRIED                     | B DATE OF BIRTH   |                                    | 9 AGE (In years<br>lost birthday) | IF UNDER TYEA   |            |           |
|       | FEMALE                                | WHITE   | WIDOWE       | DIVORCED                              | MAY 1.2.189   | 36                                 | -70 yrs                           | Months Doys     | Hours      | Min.      |
|       | 10a USUAL OCCUPATI                    | ON (Give kind of work king life, even if retired  | done 10b     | KIND OF BUSINESS OR INDU              | STRY 11. BIRTHPLACE (S)   | ote ar foreign co                  | untry)                            | 12. CITIZEN     | OF WHAT    | COUNTRY?  |
|       | HOUSEVI                               | *   | a            | 1 homes                               | MARYI   | LAND                               |                                   | T               | J.S.       |           |
|       | 13. FATHER'S NAME                     |   |              |                                       | 14 MOTHER'S MAIDE   | N NAME                             |                                   |                 |            |           |
| J.    | TOHE                                  | F GATES   |              |                                       | NUALY   | GATES                              |                                   |                 |            |           |
|       |                                       | ER IN U.S. ARMED FOR  |              | SOC AL SECURITY NO. 17                | NFORMANT  | V                                  | Add                               | ress            |            |           |
| ì     | -NO                                   | to her fire was as agree as   | - /          | Pore H                                | ERMAN_G.KERI  | NE CTTY                            | 13.NORBE                          | CK PD. FC       | DCKVIL     | LE.MP     |
|       | 18. CAUSE OF DE                       | ATH [Enter only one co  | use per in   | ne for (a). (b) and (c) ]             | /   | / .                                |                                   | IN              | TERVAL BET |           |
|       | PART I. DE                            | PART I. DEATH WAS CAUSED BY. Congestive hunt Surleye, ONSE AND DEATH  |              |                                       |   |                                    |                                   |                 |            |           |
|       | 11221                                 | 1122   DUE TO   |              |                                       |   |                                    |                                   |                 |            |           |
|       | Conditions, if                        | Tonditions, if any, which) (b) arterioschiotic cardiovascular denace openin   |              |                                       |   |                                    |                                   |                 |            |           |
|       | gove rise to<br>couse (a), stating    | immediate ( DUE TO  |              |                                       |   |                                    |                                   |                 |            |           |
|       | lying couse fost                      | the under-  | , 6          | brenew                                |   |                                    |                                   |                 |            |           |
|       | PART II OT                            | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? |              |                                       |   |                                    |                                   |                 |            |           |
| 7     | S.                                    | Carcinoma of cervix   |              |                                       |   |                                    |                                   |                 |            |           |
|       | PART II OT                            | 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW WIJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH     |              |                                       |   |                                    |                                   |                 |            |           |
|       |                                       | [IF EITHER, NOTIFY MEDICAL EXAMINER]  |              |                                       |   |                                    |                                   |                 |            |           |
|       | 20c. TIME OF INJU<br>Hour o. m.       | RY Month, Day, Ye   |              | (_                                    | ACE OF INJURY (Home, f  | form, 20f (City                    | or town)                          | (County         | ()         | (Stote)   |
|       | p. m.                                 | 19  | While of war | INOT WITH                             | Trong, trices, article blog,  | ,                                  |                                   |                 |            |           |
|       | 21. I certify t                       | 21. I certify that I attended the deceased from \$12, 1957, to \$17, that I last sow the deceased   |              |                                       |   |                                    |                                   |                 |            |           |
|       | olive on                              | 8/6   | 19           | and that death                        | occurred at 12:4  |                                    |                                   |                 |            |           |
|       |                                       | - 1 6   | 0            | 0.0                                   |   |                                    | reet, city or town,               |                 |            | TE SIGNED |
| /     | ACTUAL<br>SIGNATURE                   | leaner C  | · (s.        | onwell                                | M.D. 615-W. 1   | Portur                             | en Rue                            | Rocher          | ile A      | 18/7      |
| ,     | But Welch A Nic                       |   |              |                                       |   | 1                                  |                                   |                 |            |           |
|       | PHYSICIAN'S<br>NAME (Type)            | TEPHEN  |              | LROMWELL                              |   |                                    |                                   |                 |            |           |
|       | 220 BURIAL CREMATION REMOVAL (Specify |   | )F           | 22c. NAME OF CEMETERY C               | OR CREMATORY  | 22d LOCAT                          | ION (City Jown,                   | or county)      | (Stote)    | 1         |
|       | Durial                                | 8-10-   | 57           | Cedar Hil                             | Cometer   | Dan                                | illand                            | M               | and        | and       |
|       | 23 FUNERAL DIRECTO                    | R'S'SIGNATURE   | /            | ADDRESS HE AND                        | DO 240 R  | EC'D BY REG ST                     | RAR 246 REG.                      | STRAR'S SIGNATI | URE        |           |
|       | W.W.Cll                               | ambers la   | N. 3         | 11-11-11                              | Joseph C. Date  | $G_{121}$                          | 957 71                            | asux            | thom       | pora      |
|       |                                       |   |              |                                       |   |                                    |                                   |                 | 17         |           |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) ISM 9/55

A Wash

40G IS 1827

BECEINED

VS. A15ME(5) SM 9/55

I

| MA    | ARYLAND ST | ATE DE | PARTMENT | OF HEALTH- | -BALTIMORE, | 18 |
|-------|------------|--------|----------|------------|-------------|----|
| 08690 | MEDICAL    | EXAM   | INER'S C | ERTIFICATE | OF DEATH    |    |

| RTIFICATE | OF DEATH                                     |     |        | Ų    |
|-----------|--|-----|--------|------|
|           | <b>—</b> — — — — — — — — — — — — — — — — — — | Ban | Philad | B.L. |

|     | 0   | 8686 |
|-----|-----|------|
| st. | No. | 216  |

| 1. PLACE OF DEATH O COUNTY   | 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission)  o STATE  b. COUNTY |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL   C. LENGTH OF STAY IN 16  | Barytanu Manteomery   |  |  |  |  |  |  |  |
| and give neoral lown]  | c. CITY OR TOWN (If outside corporate (imits, write RURAL and give nearest town)                          |  |  |  |  |  |  |  |
| Silver Spring  | Silver Spring, Maryland   |  |  |  |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)   | d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?   |  |  |  |  |  |  |  |
| 4807 Randolph Road Silver Sprin  | g 4807 Randolph Road YES NO X   |  |  |  |  |  |  |  |
| NAME OF First Middle  Middle   | Lost 4. DATE Month Doy Year   |  |  |  |  |  |  |  |
| /Tune ne printt  | Kendall DEATH August 24 1957  |  |  |  |  |  |  |  |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   | 8. DATE OF RIPTH 9. AGE to years TIF UNDER LYFAR IF LINDER 24 HRS.  |  |  |  |  |  |  |  |
| Male White WIDOWED DIVORCED  | 12/22/1883 73 yrs. Months Days Hours Min.   |  |  |  |  |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working fife, even if retired)  | , , ,   |  |  |  |  |  |  |  |
| Farmer Own Farm  | Virginia  |  |  |  |  |  |  |  |
| 13. FATHER'S NAME  | 14. MOTHER'S MAIDEN NAME  |  |  |  |  |  |  |  |
| Amos Fenton Kendall  | Martha Gordon   |  |  |  |  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117.   | INFORMANT Address   |  |  |  |  |  |  |  |
| (Yes, no, or unknown) (If yes, give war or dates of service)   | 7. //o.   |  |  |  |  |  |  |  |
|  | auline Ertter, same as Item #2d   |  |  |  |  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  | NTERVAL BETWEEN ONSET AND DEATH   |  |  |  |  |  |  |  |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)COTORATV  | occlusion sudden  |  |  |  |  |  |  |  |
| 420.1 DUE TO   |   |  |  |  |  |  |  |  |
| Conditions, If any, which ) 61   |   |  |  |  |  |  |  |  |
| gove rise to immediate course  | gove rise to immediate coule  |  |  |  |  |  |  |  |
| (a), stating the underlying OUE TO   |   |  |  |  |  |  |  |  |
| couse lost. (c)  | couse lost. (c)   |  |  |  |  |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY   |   |  |  |  |  |  |  |  |
| E C  | PERFORMED?  |  |  |  |  |  |  |  |
| 20d. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.   | (Enter nature of injury in Part I or Part II of Item 18)  |  |  |  |  |  |  |  |
| PRIMARY I or CONTRIBUTING I  | control of highly to the thousands  |  |  |  |  |  |  |  |
| 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLA  | ACE OF INSURY (Home, form, 120f. (City or town) (County) (State)  |  |  |  |  |  |  |  |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PL/ Hour o. m. While Not while of work of work of work   | tory, street, office bldg., etc.)   |  |  |  |  |  |  |  |
| 21. I certify that I took charge of the remains described about  | ave held an Automa D. Innertic St. Inn. 1871 177 177 191  |  |  |  |  |  |  |  |
|  | 1 7 000   |  |  |  |  |  |  |  |
| death resulted from: Natural causes 📑 Accident 🔲, Su   | icide [], Homicide [], Undetermined couse [].   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| SIGNATURE Tagent & Brose hout  | M.D. CHIEF MEDICAL EXAMINER []  |  |  |  |  |  |  |  |
| JOHATONE THE PROPERTY OF THE P | ASSISTANT MEDICAL EXAMINER  |  |  |  |  |  |  |  |
| EXAMINER'S   | 0/01/20   |  |  |  |  |  |  |  |
| NAME (Type) Frank Broschart  |   |  |  |  |  |  |  |  |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) R / 9.7 / 1.0.5.7  |   |  |  |  |  |  |  |  |
| Burial B/27/1957   Chestnut Gre  | ove Fairfax Co. Virginia  |  |  |  |  |  |  |  |
| 23 FUNERAL DIPECTOR'S SIGNATURE ADDRESS  | 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE   |  |  |  |  |  |  |  |
| Robert A. Pumphrey-7557 Wis. Ave. Be   | thesda, Md. 9-4-59 12 - 00 10 6   |  |  |  |  |  |  |  |
|  | DAIE! TO ! Newsell, thouses   |  |  |  |  |  |  |  |

WUTTAU W

II AUSOSTO

08688

Reg. Dist. No. 216 2 USUAL RESIDENCE [Where deceased lived. If institutions Residence before admission] b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM YES NOT Month August 3 57 19 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? USA Address Mr. M. L. Bixby-Same Item #2 Cousin INTERVAL BETWEEN ONSET AND BEATH Must 5 PERFORMED? YES NO

(County)

(State)

and that death occurred at 11 452M, from the causes and on the date stated above. ADDRESS (Street, city or lown, stote) 4709 Montg. Lane, Bethesda, Md.

4709 Montgomery Lane, Bethesda, Md.

Kalamazoo Co. Michigan

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Robert A. Pumphrey-7557 Wis. Ave. Bethesda, Md

246 REGISTRAR'S SIGNATURE

THE BOTTOM

|        | MARTEAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 10  |
|--------|--|
| yes NA | 08616 CERTIFICATE OF DEATH  Reg. Dist. No. 2-2-3   |
| IR \   | 1. PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)   |
| ¥4 )   | O. COUNTY OA L. D. COUNTY O  |
|        | b. CITY OR TOWN (If outside dyporate limits, write ( c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lawn)  |
|        | RURAL and give nearest town)   |
|        | d. NAME OF HOSPITAL (If not in hospital, give street address)  d. NAME OF HOSPITAL (If not in hospital, give street address)  e. 15 RESIDENCE  |
|        | OR INSTITUTION Washington Sancy Hosp On A FARMY  |
|        | 3. NAME OF First Middle lost 4. DATE Month Day Year  |
|        | OFCEASED (Type or print) Kayan has Kyalagy DEATH 8 9 19 57   |
|        | 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS  |
|        | Famala Conc WIDOWED DIVORCED 8-4-57 lost birthday) Months Doys Hours Min.  |
| ),     | 100 USUAL OCCUPATION (G.ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)   |
| //     | Mary land,   |
|        | 13. FATHER'S NAME  |
|        | Kichard K. Kraigar Eunier Beamesdon gar  |
|        | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address :  |
| •      | Hospital Records   |
|        | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]  PART I, DEATH WAS CAUSED BY:  INTERVAL BETWEEN ONSET AND DEATH  |
|        | IMMEDIATE CAUSE (o)  |
|        | TO DUE TO  |
|        | Conditions, if any, which (b) (b) gave rise to immediate DUE TO  |
|        | lying cause lost.  |
|        |  |
|        | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)   |
|        | 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   |
|        |  |
|        | 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a. m.  9, m.  19  20d INJURY OCCURRED While Nat while of work of |
|        |  |
|        | 21. I certify that I offended the deceased from 5 - 4 , 195 /, to 5 - 9, 1957, that I lost saw the decease   |
|        | alive on   |
|        | ACTUAL SIGNATURE HER CENT D HICKMD. Silver Spring, Maryland 8-9-57   |
| 1      | SIGNATURE Spring, Maryland 8-9-57  |
|        | PHYSICIAN'S Herbert D. Glick, M. D.  |
|        | 22a BURIAL, CREMATION, 276. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)  |
|        | Cremation 8-10-57 Washington San & Hosp Takoma Park, Md.   |
|        | 23 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS 240. REC'D BY, REGISTRAY 245 MEDISTRAY SIGNATURE A /   |
|        | 7. J. Jiwa. M. L., Wash. San. & Hosp. DATE 7/21/57 John North  |
|        | 2075332 XV2.   |
|        |  |

TO HOSPITAL BE ATTENDING PHYSELIAN: The low requires that the death certificate be executed within 2 hours after death Fage |

VS A15 (II) 15M 9/IIS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU K

NIG SS 1957

| MARYLAND | STATE DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|----------|------------------|----|-------------------|----|
| 08602    | CERTIFICATE      | OF | DEATH             |    |

COUJA Reg. Dist. No. 21 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY District of Columbia MARYLAND Montgomerv b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda (Rural 55 Davs Washington d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 1324 29th Street, YES NO U.S. Naval Hospital, Bethesda, Md. NAME OF First Middle lost 4. DATE Day Year DECEASED (Type or print) Cascaden DEATH KRINER August George 19 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) 5 SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED [ May 1894 Male White 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. Navy (Retired Pennsylvania U.S. Mariner 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Margaret Cascaden 5059 Bryon KRINER 15 WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Wife) Mrs. Isabel W. Kriner (Same As #2) 7-06-11 to OXXXXXXXXXX 18. CAUSE OF DEATH [Enter only one couse pegaline for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)\_ DUE TO Conditions, if ony, which gove rise to immediate DIJE TO couse (a), stating the underyears lying couse lost. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOW 19. WAS AUTOPSY PERFORMED? YES KI NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.] Hour e.m. While Not while at work at work 21. I certify that I attended the deceased from 19 June 19.57 to 12 August .. 1957...that I last saw the deceased \_, and that death accurred at 10:30 M, from the causes and an the date stated above. alive on 12 August ADDRESS (Street, city or town, stote) ACTUAL U.S. Naval Hospital. Bethesda. Md. SIGNATURE PHYSICIAN'S MC CARTHY. Naval Hospital. Bethesda, Md. NAME (Type) 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (Stole) REMOVAL (Specify) Arlington/National Cemetery Arlington, Virginia Burial 23 FUNERAL DIRECTOR'S SEGNATURE 240 REC'D BY REGISTRAR Ave.,

DATE

Penn.

0 VS A15 (4) 15M 9/55

O

CEUVED 1997

BUREAU V. S.

22c. NAME OF CEMETERY OR CE

SILVER SPRING. MD

IS RESIDENCE

ON A FARM?

YES I NO IN

Yeor 1957

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Months

Address

Reg. Dist. No.

| 9 0011 23      | Dankiola, o maiorobbol 12000  |
|----------------|---|
| 0F 7           | HARYNX ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH  |
| RELATED TO     | THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO   |
| nler nature a  | f injury in Part 1 or Part II of item 18.)  |
| street, office |   |
| curred at      | to 8—14, 19 I that I last saw the deceased 10'5 P.M. from the causes and an the date stated above.  ADDRESS (Street, city or sown, stote)  ADDRESS (Street, City or sown, stote)  ADDRESS (Street, City or sown, stote) |
|                | LVER SPRING, MD   |
| EMATORY        | 22d LOCATION (City, town, or county) Menomonie, Wisconsin   |
| •              | 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE \$26.57 Flances Follow   |
|                |   |

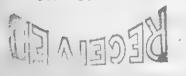
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NAME (Type)

220. BURIAL, CREMATION, 226. DATE THEREOF



AUG 28 1957

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

NEW SEP 3 1957

08695 **CERTIFICATE OF DEATH** 

08692

|   |  |                  |                  |           |                        |  |                        |                                |         | - Br - 1011 |               |                       |        |
|---|--|------------------|------------------|-----------|------------------------|--|------------------------|--------------------------------|---------|-------------|---------------|-----------------------|--------|
| 1. PLACE OF DE<br>6. COUNTY   | Montgomery   |                  | MARY             | - 11      | o STATE                |  |                        | d lived. If in                 |         |             | before oc     | (mission              | ·.     |
|   | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)   |                  |                  |           |                        | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |                        |                                |         |             |               |                       |        |
|   | Bethesda (Rural) 6 days  |                  |                  |           |                        |  | Washington 47X ~       |                                |         |             |               |                       |        |
| d. NAME OF<br>OR INSTITU  | HOSPITAL (If not in hospital,  | give street oddr | (411)            |           | d. STREET ADDI         |  |                        |                                |         |             | e. IS         | RESIDENCE<br>N A FARM | E      |
| U.S. Na   | val Hospital,  | Bethes           | da, Md.          |           | 1                      | .006   | Monro                  | e St.,                         | N.      | W •         |               | S NO                  |        |
| 3. NAME OF<br>DECEASED<br>(Type or print  | _  | irst<br>S        | Middle<br>Rober  | 't        | LATNEY                 | i i  | 4. DATE<br>OF<br>DEATH | A                              | Month   | st          | Day<br>13     | Yeor<br>19 5          | 7      |
| 5. SEX  | 6. COLOR OR RACE   | 7. MARRIED       | NEVER MARRIE     | D   B.    | DATE OF BIRTH          |  |                        | P. AGE (In y                   |         | UNDER 1     | $\rightarrow$ | -                     |        |
| Male  | Negro  | WIDOWED          | DIVORCE          |           | July 18                | 79   |                        | lost birthd                    | ALT M   | Aonths De   | ауз Но        | urs Mi                | n.     |
| 10a. USUAL OCC  | UPATION (Give kind of work   | done 10b, KINI   | D OF BUSINESS O  | R INDUSTR | Y 11. BIRTHPLACE       | (Stote o   | r foreign c            | ountry)                        |         | 12. CITIZI  | N OF W        | HAT COU               | NTRY   |
|   | of working life, even if retire<br>Service   | . 1              | Gov't            |           | Virgi                  | ทา่ต   |                        |                                |         | 11          | S.            |                       |        |
| 13. FATHER'S NA   |  | 10.99            | 401 0            | 1         | 14 MOTHER'S MA         |  | <b>LME</b>             |                                |         | · · · · · · | 1321          |                       |        |
| Humphr  | ev LATNEY  |                  |                  |           | Margaret               | TAY  | T.OR                   |                                |         |             |               |                       |        |
| IS WAS DECEAS   | EDEVER IN U. S. ARMED FO   |                  | HAL SECURITY NO  | 17. INF   | ORMANT                 |  | 21041                  |                                | Address |             |               |                       |        |
| Yes, no. or unknown   | (If yes, give war or dates of  | A.r              | nown             | (Day      | ughter) M              | fre  | Dorot                  | har T. F                       | PORTI   | RR (S       | ame !         | As #2                 | 1      |
|   | OF DEATH [Enter only one of  |                  |                  |           | ASTRUM L               | <u> </u>   | DOLO                   | SETA TIET                      | OH L    |             |               | L BETWEE              | √<br>N |
|   | I. DEATH WAS CAUSED BY.  |                  | 1                | 111       | 111 221                | 1  |                        |                                |         |             | ONSET A       | ND DEAT               | Ĥ      |
|   | IMMEDIATE CAUSE (a) ON CANCELON OF WYOCALOUM LAGEN   |                  |                  |           |                        |  |                        |                                |         |             |               |                       |        |
|   | DUE TO CARROLL TO DOCK AT DUE  |                  |                  |           |                        |  |                        |                                |         |             |               |                       |        |
|   | gove rise to immediate (b) which (b) when (b) when (c)   |                  |                  |           |                        |  |                        |                                |         |             |               |                       |        |
|   | couse (a), storing the <u>under.</u> DUE TO  |                  |                  |           |                        |  |                        |                                |         |             |               |                       |        |
|   | Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY |                  |                  |           |                        |  |                        |                                |         |             |               |                       |        |
| N N N N N N N N N N N N N N N N N N N   |  |                  | INTENTING TO DEA | KIM BUI N | OI KELATED TO TH       | ETERMIN  | IAL DISEAS             | E CONDITION                    | I GIVEN | CINTARE     | PE            | RFORMED NO            | ?      |
|   | INT WAS UNDERLYING []<br>BUTING [] CAUSE OF DEATH<br>NOTIFY MEDICAL EXAMINER)  | 20b. DESCRIB     | E HOW INJURY OF  | CCURRED   | (Enter nature of in    | jury in Po   | art I or Por           | t II of item 18                | .)      |             |               |                       |        |
|   | INJURY Month, Day, Y   | ear 20d. INJUR   | RY OCCURRED      | 20e PLAC  | E OF INJURY (Hom       | e, farm,   | 20f. (City             | or fown)                       |         | (Co.        | inty)         | (St                   | ate)   |
| Hour Hour   | o. m.<br>p. m.   | While            | Not while        | 10070     | ry, street, office blo | ag , erc.  |                        |                                |         |             |               |                       |        |
|   | ify that I attended the  | a decorred i     | from 7 Allo      | r         | 10 57                  | a 13   | A110                   | 10                             | 57      | that I la   | th amus 1     | ha dasa               |        |
|   |  |                  |                  |           |                        |  |                        |                                |         |             |               |                       |        |
| alive on_   | A Buga   | المرجعة بسنا     | ,, ond that      | deoin c   | ccurred or 31          |  |                        | n rne cous<br>treet, city or t |         |             | date s        | DATE SI               |        |
| ALTERNATION AND ADDRESS OF THE PARTY OF THE | (1. + 11.  | 11-00            |                  |           | TE CL N                |  | •                      |                                | and a   | •           | 143           |                       |        |
| SIGNATURE   | Sugues W   | (                |                  | M.        | o. U.S. N              | aval   | LHQSI                  | lital,                         | Peti    | nesda       | , _Ma.        | Q=,1.4                | J      |
|   | August Miale   |                  | LT,MC,USN        |           | U.S. N                 | aval   | Hosp                   | oital,                         | Betl    | hesda       | , Md          |                       |        |
| 220 BURIAL, CR  | MATION, 226 DATE THERE   | OF 22            | RE NAME OF CEME  | TERY OR   | REMATORY               | 1  | 22d LOCA               | TION (City to                  | wh or c | county)     |               | (Stote)               |        |
| Burial  | 8-16-57  |                  | Arlingtor        | Nat:      |                        |  |                        | Lington                        |         |             |               | 7                     |        |
| 23. FUNERAL DI  | ECTOR'S SIGNATURE  |                  | ADDRESS          |           | 24                     | a. REC'D   | BY REGIST              | TRAR 4245                      | REGISTR | AR'S SIGN   | MURE          | 1                     | ( 4    |
| MC GUTE   | E. 1820 9th S  | t. N.W           | . Washing        | zton.     | D. C. DA               | ATE 8-   | -14-5                  | 7 //                           | Jan     | 40 8        | )             | ann                   | el     |

TO HOSPITAL OR ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNER I STRECTOR: After this certificate has been signed by the attending physician and completely filled ty page 3.1. It did be detached fill use as the buriot-transit permit. Then please remove carbon papers. Pages 1 at the registrar prior to buriot, cremation, or remaral, and in any event within 72 hours after/death. VS A15 (4) 15M 9/55

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the funeral director,

BECEIVED

VOG TE TARY

BUREAU V. S.

The bott

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

| 0 | 8 | 6 | 9 | 3  |
|---|---|---|---|----|
|   |   |   |   | -7 |

08696

Reg. Dist. No.....

| _             | 0000  |  |  |                                    |                                      |  |  |  |  |  |
|---------------|---|--|--|------------------------------------|--------------------------------------|--|--|--|--|--|
|               | 1. PLACE OF DEATH Montgomery county   | MARYLAND                                       | District   | CE (HOME) OF DECEAS                | ED                                   |  |  |  |  |  |
|               | CITY (II outside corporate limits, write RURAL OR and give regrest lown) TOWN Kensington  | tength of stay (in this place)  9 Mo           | CITY (II outside corpor<br>OR<br>TOWN  | ele limits, write RURAL and give n | earest town)                         |  |  |  |  |  |
| ¥ .           | HOSPITAL OR Kensington Garde STREET ADDRESS Kensington, Mary  | yland  | STREET (N rural give location) 4000 Cathedral Ave., N.W.   |                                    |                                      |  |  |  |  |  |
|               | OECEASED Mary E.  | LEE  | (Last)   | 4. DATE (Month) OF DEATH AUG       | (Doy) (Year)<br>25 19 57             |  |  |  |  |  |
|               | Female White 7. SINGLE, MARRIED WIDOWED, DIVO   | Feb.   | 22, 1875   | 82 yrs. Months                     |                                      |  |  |  |  |  |
| 1             | 10s USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HSWT   | OF BUSINESS<br>IDUSTRY                         | Baltimore,   | Maryland                           | 12. CITIZEN OF WHAT COUNTRY?         |  |  |  |  |  |
|               | Phillip Grill   | Brandt   |  |                                    |                                      |  |  |  |  |  |
|               | IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, po, or unk.] (If Yes, give wer or datas of servica)  |  |  |                                    |                                      |  |  |  |  |  |
|               | I diseases or conditions directly leading to death  ** IMMEDIATE CAUSE (A) Acute Congestive Heart Failure   |  |  |                                    |                                      |  |  |  |  |  |
|               | DUE TO  | umatoid Art                                    |  |                                    | 3 Days                               |  |  |  |  |  |
|               | TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  |  |  |                                    |                                      |  |  |  |  |  |
| 1             | 196. DATE OF OPERATION 196. MAJOR FINDINGS OF   |  | ic. WHERE DID INJURY OCCUR   | 2 ICh A A                          | 20. AUTOPSY? YES NO (State)          |  |  |  |  |  |
|               | 21e. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. It | ca bidg., atc.)                                | TII. HOW DID INJURY OCCUR  |                                    | outly) (Siero)                       |  |  |  |  |  |
|               | M. at work  | Not while at work                              |  |                                    |                                      |  |  |  |  |  |
| A15C 1-55 10M | Robert T. Thibadea  | hat beath occurred at the following the second | 2:20 aM, from the condition of the condi | auses and on the date sta          | ated above.  DATE SIGNED  Aug 25,749 |  |  |  |  |  |
|               | 23. BURIAL, CREMATION, REMOVAL (SPECIFY)  Birial  8-28-1957   | Loudon P                                       | ark  | Baltimore,                         | Md.                                  |  |  |  |  |  |
| YS            | 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE  | Date   | 25. FUNERAL DIRECTOR'S   | signature Fro7 el,                 | LOTTA ACT                            |  |  |  |  |  |

BUREAU V. E.

2561 2° 51 v

BEGENAED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

BUREAU V. E.

SEP 3 1957

DATE Å

VS A15 (4) 15M 9/55

DECEINED

BUREAU V. S.

2561 2 5HV

DECENTED

BUREAU V. S.

| 1   | -           | 0861  | 7  | STATE DEPARTME                |  |   | 18 08698   |
|---|-------------|---|--|-------------------------------|--|---|--|
| FOR STATE   | T.          | Pen & 6220  | MEDICA   | AL EXAMINER'S                 | CERTIFICA  | TE OF DEATH                             | Reg. Dist. No.   |
| HEALTH DEPT.  | 1           | PLACE OF DEATH  | The state of the s |                               | 2. USUAL RESIDENCE (   | Where deceased lived If inst            | (Ution Res dence before odni ssign)  |
| 50 00 × E   |             | . COUNTY  | fontgomery   | MARYLAND                      | a STATE Va.  | b COUN                                  |  |
| File<br>File<br>Heo   |             | CITY OR TOWN (1 ou and give negret fown)                    | finde corporale timits, write RURAL  | c. LENGTH OF STAY IN 16       | CITY OR TOWN (   | f auts de carporate limits, wri         | te RURAL and give nearest town]  |
| S S S S S S S S S S S S S S S S S S S   | _           | Takoma l  |  | DOA                           | Arlingt  | on                                      |  |
| direction of the condition of the condit  |             | . NAME OF HOSPITAL  | OR INSTITUTION (If not in h  | ospital, give street address) | d STREET ADDRESS   |   | e IS RESIDENCE   |
| S 20 E  | -           | - A   | San. and Hosp  | •                             | 1548 N.  | Edgewood                                | YES NO NO  |
| y delay<br>he fur<br>e refair<br>he Stor<br>er deas   |             | NAME OF<br>DECEASED<br>Type or print)                       | Joseph   | M ddle<br>Linhar              | •  | of Aug.                                 | 26, 1957° Yeor   |
| 3 to 1<br>moy b<br>with t   | 5, 5        | male  | White WIDOW  | ED NEVER MARRIED 8            | 4/17/07  | 9 AGE (In years log Oriday)             | Months Days Hours Min  |
| The orth  | 100         | USUAL OCCUPATION  | I (Give kind of work done 10b.   | KIND OF BUSINESS OR INDUSTR   | TY 11 BIRTHPLACE (Stole  |   | 12 CIT ZEN OF WHAT COUNTRY?  |
| 4 1 9 9 2 d   |             | machinist   | life, even i retired}  |                               | New Yor  | le                                      | USA  |
| A3 Las  |             | FATHER'S NAME   |  |                               | 14. MOTHER'S MAIDEN  | <del></del>                             | 1  |
| Page Page   |             | Joseph Li   |  |                               | Jenny Ce   | yka                                     |  |
| Sive<br>File<br>y ev  | 15.<br>[Yes | WAS DECEASED EVER   | IN U. S. ARMED FORCES? 16 yes, give war at dates of services   | SOCIAL SECURITY NO. 17. IN    | FORMANT  | Addre                                   | Di .   |
| B. B  | No          |   |  |                               | spital Reco  | rd                                      |  |
| m I m I m I m I m I m I m I m I m I m I   |             |   | (Enter only one couse per line WAS CAUSED BY: Core   |                               |  |   | INTERVAL BET BEIN  |
| at of the control of   |             |   | (MEDIATE CAUSE (a)   | onary occlusion               |  |   |  |
| ffice<br>ffice<br>from  |             | 460.1   | DUE 10   |                               |  |   |  |
| S S S S S S S S S S S S S S S S S S S   |             | gave rise to immedia  | te couse (   |                               |  |   |  |
| in in iner  |             | (a), slating the uncouse last.                              | derlying   |                               |  |   |  |
| ing xom   | 20          | PART II, OTHER  | SIGNIF CANT CONDITIONS   | ONTRIBUTING TO DEATH BUT IN   | OT RELATED TO THE TERM   | INAL DISEASE CONDITION G                | IVEN IN PART 1(6) 19, WAS AUTOPSY  |
| ol E  | CATION      |   |  |                               |  |   | YES NO   |
| ord 'p<br>Medic<br>Ad be  | CERTIFIC    | 200. EXTERNAL CAUSE<br>PRIMARY I or CONT<br>CAUSE OF DEATH. | WAS RIBUTING   206 DESCRI  | BE HOW INJURY OCCURRED (En    | iter noture of in ary in Pol   | t f or Port (I of Item 18 )             |  |
| he washed   | MEDICAL     | 20c, TIME OF INJURY   |  | INJURY OCCURRED 200 PLAC      | E OF INJURY (Home, for   | n, 20f (City or town)                   | (County) (Stole)   |
| ine C   | MED         | Haur a.m.<br>p.m.   |  | ork of work                   | ry, street, office bidg., etc  |   |  |
| WATE WATE TO  |             |   |  | remains described abov        |  |   |  |
| ded   |             | opin on death re  | esulted from; Notural  | couses 🔣 . Accident [         | ], Suicide [],   | Homicide 🔲, Undet                       | ermined monner   |
| A STATE OF THE PROPERTY OF THE  |             | ACTUAL A  | -10 B  | 1-1-4                         | CHIEF MEDICAL C  | × 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | DATE SIGNED  |
| MED OF STREET   |             | SIGNATURE TA  | sent 1 100   | schaet                        | _M D CHIEF MEDICAL E   |   |  |
| Sesign Services   |             | EXAMINER'S<br>NAME (Type) R                                 | rank J. Brosch   | o wrt                         | DEPUTY MEDICAL   |   | 8/26/57  |
| Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte<br>Cotte | 220         | BURIAL CREMATION.   |  | 27c NAME OF CEMETERY OR C     |  | 22d. LOCATION (City, Town,              |  |
| 0 2 4 0 0   | 1           | REMOVAL (Specify)   | Aug. 29th, 195   |                               |  |   | unty, Virginia   |
| VS. A15ME   |             | FUNERAL DIRECTOR'S  |  | ADDRESS                       | The state of the s | 1                                       | ISTRAR S & GNATURE   |
| 5M 2/57   |             | C. P. Inces   | mpt.   | Arlington 1,                  | Va. Montel (   | 2000                                    | The loon sodde   |
|   | -           | -   |  |                               |  | ~0 1957/ -                              | The state of the s |

AUG 28 1957

BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 08700 Reg. Dist. No. 215 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY District of Columbia MARYLAND Montgomery ofter death. erol c. CITY OR TOWN (If outside corporate limits, write RURAL and mive nearest town) b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest lown) Washington 9 Hr. 9 min. Bethesda (Rural d. STREET ADDRESS e. 15 RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) 730 Brandywine St., S.E. U.S. Naval Hospital. Bethesda. Maryland YES MO THE NAME OF 4. DATE First Middle Lost T.OUX DEATH August (Type or print) Marie nmn 10 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF SIRTH 9. AGE (In years 5. SEX last birthday) Months 11 August 1957 DIVORCED | WIDOWED | Female White 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) U.S. Maryland None 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Barbara BELARDINELLI Raymond E. LOUX 17 INSORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Father) Raymone E. LOUX (Same As None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MMATURITY 4 Min DUE TO PKEMATURITY Conditions, if eny, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o.m. Not while at work at work 21. I certify that I attended the deceased from 11 August 19 57 to 12 August 1957 that I last saw the deceased and that death accurred at 8:34A · M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL U.S. Naval Hospital, Bethesda, Md. INDVALUE. PHYSRIPH I U.S. Naval Hospital, Bethesda, Md. NAME (Type FUNER 220 BURIAL, CREMAT ON. | 22b. DATE THEREOF 22d LOCATION (City, fawn, or county) 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Arlington, Virginia Arlington Nat'l Cemetery 0 24g. REC'D BY REGISTRAR 1248 REGISTRAR'S SIGNATURE 23. PUPLERAL CHRESTOR'S S Miscongin Ave., Bethesda, Mapare 8-12-57

BUREAU V. E.

DECENTED 1557

08701 **CERTIFICATE OF DEATH** Reg. Dist. No. 1 Page ! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE Filed **b** COUNTY MARYLAND Montgomery õ Maryland b. CITY OR TOWN (If outside corporate limits, write death. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give regrest town) d be RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION Sharron Nursing Home d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 307 Lexington Drive YES NO P NAME OF First Middle DATE Manth Day Year DECEASED 24 21 19 57 (Type or print) DEATH August Charles М. Mangels 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH AGE (In years last birthday) Manths Days Hours Min. DIVORCED [ 1874 WIDOWED December 22 yrs. papers. white male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) retired salesman New York S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 8 physician таме Henry Mangles Annie Buck 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address 107-07-2573 aftending No Herbert E. Mangles - Son 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: lyca thembotica IMMEDIATE CAUSE (a) 334X DUE TO ģ Ę gu' Conditions, if any, which gned gove rise to immediate Per DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 🔂 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while 19 at work  $\square$ at work p. m ... 19.57 that I last saw the deceased 21. I cortify that I attended the deceased from and that death occurred at 21/17 PM, from the causes and an the date stated above. IRECTOR: det ADDRESS (Street, city or town, state) ACTUAL å T **PHYSICIAN'S** 0 WIFANT NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) GREENWOOD CEMETERY Brooklyn, New York 9 23: BÉNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Silver Spring. Md. Lumbere

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10G 33 1821



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremation Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Montg. Montgomery o. STATE MRTYLAND MARYLAND b CITY OR TOWN IIf outside corporate times, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) Bethesda $\mathsf{DOA}$ 5227 Baltimore Ave. Y d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Suburban Hosp. Bethesda. YES NOT NAME OF 4. DATE Month Year DECEASED (Type or print) Aug 3, 1957 Markhus DEATH Andrew 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED [7] B. DATE OF BIRTH 9. AGE |In years IFUNDER TYEAR IF UNDER 24 HRS foil birthday) 73 yrs. Months Hours ¥ E WIDOWED [7] DIVORCED [ M: la White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIFTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CH USA U.S. Gov. å Title Exam Norway 13. FATHER'S NAME HOY 14. MOTHER'S MAIDEN NAME poges Pages Unknown Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yet, give war or dates of service) Clara Markhus (wife) Same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion sudden IMMEDIATE CAUSE (a) otang with for burial-transit DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [7] 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form. 20c. TIME OF INJURY Month, Day, Year 20f. (City ar town) (County) (Slote) Hour a.m. lactory, street, affice bldg., etc. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that Accident , Suicide , Homicide , Undetermined cause death resulted from: Natural causes K., DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** the 8/3/57 FUNE NAME (Type) Frank J Broschart DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stale) REMOVAL (Specify) 0 Fort Lincoln Crematory Prince Georges County, Md. Cremation 23. FUNERAL DIRECTOR'S SIGNATURE S.H. Hines

VS. ATSME(S) SM 9/SS

BUREAU V. S.

NO SECTIVE IN

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08703

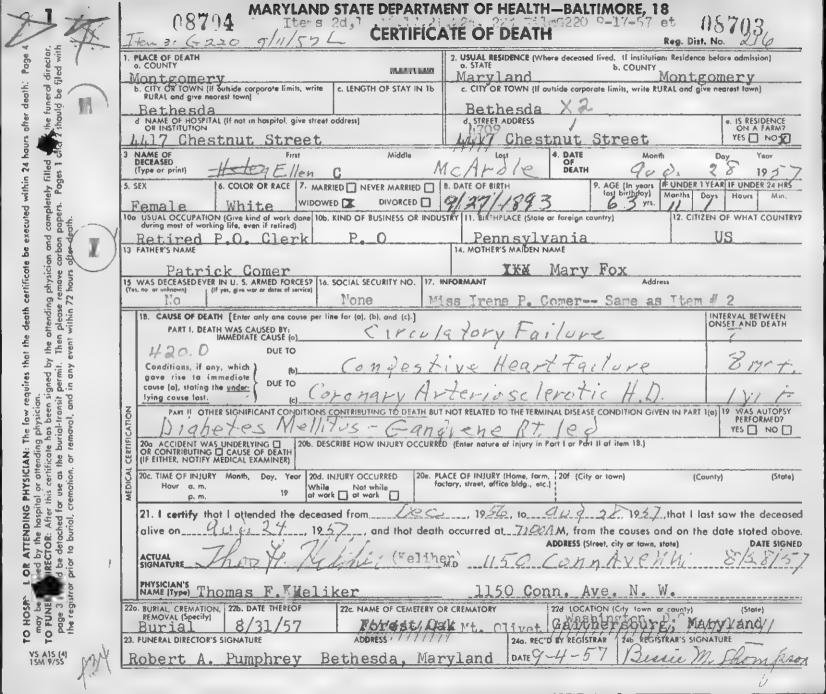
### **CERTIFICATE OF DEATH**

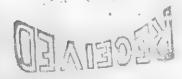
08702

| <u> </u>      |   |   |   |                      |  |                             |   | Keg. Dist.    | 149,                                      |         |
|---------------|---|---|---|----------------------|--|-----------------------------|---|---------------|---|---------|
| 1.            | PLACE OF DEATH<br>o. COUNTY                       | MONTGOMERY  | MARYLA  | - 17                 | O. STATE MAR                               | Where decesse<br>YLAND      | d fived. If institution b. COUNTY       |               | before admission)<br>FOMERY               |         |
|               | RURAL and give n                                  | (If autside carporate limits, w<br>learest tawn)<br>SPRING          | ile c. LENGTH OF STAY IN  |                      | c. CITY OR TOWN (                          | If autside carpo<br>ER SPRI |   | JRAL and give | negresi (Own)                             |         |
|               | d. NAME OF HOSPI                                  | TAL (If not in hospital, give a<br>E. UNIVERSIT                     |   |                      | d. STREET ADDRESS<br>900 PHIL              |                             | A AVENUE                                |               | e. 15 RESIDEN<br>ON A FAR<br>YES \[ \] NO | RMP     |
| 3             | NAME OF<br>DECEASED<br>(Type or print)            | CELESTE   | Middle L.   | MARS                 | Lost<br>SDEN                               | 4. DATE<br>OF<br>DEATH      | AUGUS                                   |               | Day Year<br>4 19                          | 57      |
| S.            | FFMALE  | WATER 0070  | MARRIED NEVER MARRIED   |                      | ATE OF BIRTH<br>N. 4, 187                  | '3                          | 9. AGE (In years last birthday) O4 yrs. |               | EAR IF UNDER 24                           | HRS.    |
| 16            | Juknown (re                                       | ON (Give kind of work done rking life, even if retired) etired yrs  | .) Hotel  | INDUSTRY             | WASHINGT                                   | ON, D.C                     | ountry)                                 |               | N OF WHAT COL                             | UNTRY?  |
| 113           | . FATHER'S NAME<br>(unkno                         | wn) MARSDEN   |   | 1.                   | JANE (U                                    | n name<br>inknown           |   |               |   |         |
|               | , WAS DECEASED EV                                 | ER IN U. S. ARMED FORCES?<br>(If yes, give wor or dates of service) |   | 17. INFO<br>Leroj    | RMANT<br>7 E. Hill,                        |                             | -                                       | la Ave.       |   |         |
|               |   | ATH [Enter only one couse   ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  | Per line for (a), (b), and (c).                                   | E.e.                 | sompe.                                     | nsaki                       | Spring,                                 |               | INTERVAL BETWE                            |         |
|               | 443X<br>Candilians, if                            | DUE TO  | alleanose   | Cer                  | oses                                       |                             |   |               | ?   |         |
|               | gave rise to couse (a), stating tying cause last. | the under-  |   |                      |  |                             |   |               |   |         |
| CERTIFICATION | PART II. OT                                       | HER SIGNIFICANT CONDITION   | pos contributing to DEATH   | H BUT NO             | -  | RMINAL DISEAS               | E CONDITION GIV                         | EN IN PART 1  | (o) 19. WAS AUTO<br>PERFORMEI<br>YES NO   | D?      |
|               |   | AS UNDERLYING TO 2005   | DESCRIBE HOW INJURY OCC   | URRED. (E            | nter noture of injury                      | in Part 1 or Por            | t II of item 18.)                       |               |   |         |
| MEDICAL       | 20c. TIME OF INJUI<br>Haur o. m.<br>p. m.         | - V   | 20d. INJURY OCCURRED 20<br>While Not while<br>It work 0 of work 0 | De. PLACE<br>foctory | OF INJURY (Home, fi, street, affice bldg., | orm, 20f. (City<br>etc.)    | y or town)                              | (Cau          | nty) (                                    | (State) |
|               | 21. I certify to                                  | hat I attended the de   | -   | eath ac              | ., 18 <u>5</u> /, ta_                      | lf Cen                      |   |               | it saw the dec                            |         |
|               | ACTUAL<br>SIGNATURE                               | Willen  | S. Ceny   | D M.D.               | 900  |                             | treet, sity or town,                    |               |   | SIGNED  |
|               |   | ILLIAM D. AUD   |   |                      | Sek  | wer                         | The                                     | ng            |   |         |
| 2             | BURIAL CREMATIC<br>REMOVAL (Specify<br>BURIAL     | 0N, 226. DATE THEREOF 8/6/57  | CEDAR HILT  | CEM                  | EMATORY<br>ETERY                           | PRINC                       | TION (C.ty, town, o                     | CÖÜNT         | (Stote)                                   |         |
| 23            | FUNERAL DIRECTOR                                  | rssignature<br>6. Tumphe  | ey, SILVER SPR  | RING,                |  | EC'D BY REGIST              | TRAR 245. REGIS                         | TRAR'S SIGN   | ATURE                                     | . ,     |



BUREAU V. S.





BULLEAU V. S.



SECEDAED.

|  | (D)   |         | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18  |
|--|-------|---------|--|
| FOR ST   | ATE ' |         | 18706 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  |
| HEALTH   | DEPT. | 1       | PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution; Residence before admission)   |
| 9 0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4  | 1     | "       | COUNTY MARYLAND STATE // O b. COUNTY   |
| Po les   | , all | -       | N:   |
| 7.55   |       | '       | C. LENGTH OF STAY IN 16 c. CITY OR TOWN of buls de corporate limits, write RURAL and give nearest town)  |
| yay<br>of  |       |         | Termantous 6 hors gersey Cety 6/X-   |
| 4 C  |       | 0       | NAME OF HOSPITAL OR INSTITUTION (II not in hospito, give street address)   d STREET ADDRESS   e 15 ° ([ , 1  |
|  |       |         | R-28 R+D 142 57/1 Mortgomen St VES 10 NO PA  |
| ath oth  |       | 3.      | NAME OF First Middle Lost 4 DAYE Month Day Year  |
| de se de la composition della  |       |         | Type of printly Man 4 DD   |
| 가는 의 는 한   |       | 5. 9    | - Halla Cart   |
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| 2 2 d is   | 87    | _       | thing by Call WIDOWED DVORCED 1 25 X-19-1901 55 411  |
| 123000   | 4     | 100     | USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country)  12 CIT ZEN OF WHAT COUNTRY  13 CIT ZEN OF WHAT COUNTRY  |
| P. 20 0 E.   | 1     |         | housewite md asa.  |
| 20 50 50 E   | ·     | 13.     | FATHER'S NAME  |
| P.W.   |       |         | Charles Charles Constant   |
| by a man   |       | 15.     | WAS DECEASED EVER IN U. S. ARMED FORCES? & SOCIAL SECURITY NO 17. INFORMANT Address  |
| 7.5 g  |       | [Yun    | no. or unknown   [If yet, give wat of dates of service]  |
| Paris I  |       |         | Illurish rackson - Belte, mel,   |
| A G  |       |         | 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) ]   |
| it post  |       |         | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Company of Clusion  5 has   |
|  |       |         | 420./ DUE TO   |
| H T H H  |       |         | Conditions, if ony, which   (b)  |
| ber or in  |       |         | gave rise to immediate couse   |
| o de la constante de la consta |       |         | (a), stoting the underlying DUE TO   |
| sho<br>og<br>og<br>og<br>og<br>og<br>og  |       | 7       | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) IP. WAS AUTOPSY   |
| not mot  |       | P.      | PERFORMED?   |
| The coll assert  |       | 2       | YES NO 🔯   |
| d bed d  |       | RTIF    | 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTIN |
| of A   |       | Ü       | CAUSE OF DEATH.  |
| sho e hie  |       | Ñ       | 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole)   |
| 3300   |       | MEDICAL | Hour a.m. While Not while foctory, street, office bldg., etc.) p. m. 19 of work of work  |
| MIN<br>Shin<br>age<br>price  |       | ^       |  |
| X Post   |       |         |  |
| S S S S S S S S S S S S S S S S S S S  |       |         | op'nion deoth resulted from: Natural causes 🔲, Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner 🗍  |
| A DE SE  |       |         | ACTUAL TO BE DATE SIGNED   |
| 5.08   | 2     |         | SIGNATURE MEDICAL EXAMINER D   |
| \$ - B   |       |         | EXAMINER'S A SSISTANT MEDICAL EXAMINER (   |
| E of High  |       |         | NAME (Type) I FANK J. 1968 Ch2 1 DEPUTY MEDICAL EXAMINER & 8-13-57   |
| Shau<br>Shau   |       | 220     | BURIAL CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)  |
| 00 40 9  |       |         | Poolesville, Poolesville, Mi.  |
| VC 415145  |       | 23      | ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE  |
| 5M 2 57  | 4     | 1       | abert I, Sugndy Rookville, M. MEIC ON 1017 Miles de Miles  |
|  |       |         | AUG SU 190 MARIA STURY   |

BUREAU V. S.

MERCEINEL

24 hours

HALL Funeral Home

BUREAU K.

SECEIVED 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



**CERTIFICATE OF DEATH** 08709 Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND Maryland Man tagree 14 Mont gomery 163 b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrets laws) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) & Silver Spring d. NAME OF HOSPITAL (If not in hospital, give street address) , d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? Dallas Avenue YES NO T NAME OF First Middle 4. DATE Month Year Doy DECEASED OF DEATH (Type or print) 1957 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (Im years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Days DIVORCED WIDOWED [7] 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY death. Retired-Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Snowden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE 10 P F Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f.,(City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. tr. factory, street, office bldg., atc.) While of work of wark p. m. attended the decensed fati Athat I last saw the deceased alive on and/that death occurr fram the causes and an the date stated above. DDRESS (Street, city or town, ACTUAL PHYSICIAN'S NAME (Type) FUNER co. 22a. BURIAL, CREMATION, 22b. DATE THEREO! 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) affod (State) REMQVAL (Specify) buria Cedar Cemetery Georges County. Md. 9 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE H. Hines Co.-W VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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|           | MAKILAND SIATE DEPARTME   | ENT OF HEALTH—BALTIMORE, 18   | 08710  |
|-----------|---|---|--|
|           | 08711 CERTIFICA   | TE OF DEATH R   | og. Dist. No. 277  |
|           |   | 2. USUAL RESIDENCE (Where deceased lived. If institutions a STATE b. COUNTY)    | Residence before admission) Woutgown exy   |
|           | CITY OR TOWN (If obliside corporale limits, write RURAL godgive nearest town)   | c. CITY OR TOWN (If outside corporate limits, write RURA                        | L and give nearest town)   |
|           | OR INSTITUTION.   | d. STREET ADDRESS   | VES NO E   |
|           |   | nuber 4. DATE OF DEATH aug.   | Day Year<br>9 19 3 7   |
| 5.        | EX 6. COLOR OR FACE 7. MARRIED NEVER MARRIED 8  WIDOWED DIVORCED 7  |   | UNDER 1 YEAR IF UNDER 24 HRS onths Days Hours Min.   |
| 100       | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  | Mout. Co, Md.   | 12. CITIZEN OF WHAT COUNTRY?   |
| 13.       |   | annie Frances A   | ring   |
| 15<br>(Ye | no or unknown)   [ [If yes, give wor or date of service]  | 1 1 1 0 1   | 7  |
|           | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO)  # 2 # 2 + 41   072 | ٤   | INTERVAL BETWEEN ONSET AND DEATH 2 Ct 34/C   |
|           | LIFE OF COLO !  | E henret disease + happerter  | min 5 GEARS  |
| AT:OIL    | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT P   | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN                             | IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO   |
| CERTIFIC  | 20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  | ), (Enter noture of injury in Port 1 or Port II of item 18.)                    |  |
| MEDICAL   | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work at work                                   | CE OF INJURY (Home, form, 20f. (City or town) lory, street, office bldg., etc.) | (County) (State)   |
|           | Tr. I CALLET HIGH I GHELIGED HIE GECEGIOO HIGHLITTELLE  | 1956, to 8-9-, 1954, to   | hat I last saw the deceased  |
|           | 060000  |   |  |
|           | PHYSICIAN'S NAME (Type) John Bosley Ziegler   | Olney, Maryla   | nd   |
| 224       | BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR ROCK Creek   |   |  |
| L         |   |   |  |
|           | 3. NEDICAL CERTIFICATION 123 (A. 1)   | 1. PLACE OF DEATH  O. COUNTY ON F GOLD  | 1. PLACE OF DEATH  O COUNTY  D. CITY OF TOWN If object corporate lings, write  RURAL STREET ADDRESS  A NAME OF DECEATE  (Type or print)  10. USUAL OCCUPATION (Give kind of work done)  11. PATHER'S NAME  12. LENGTH OF STAY IN 16  13. PATHER'S NAME  14. MOTHER'S MADERS THRU IS ABMED FORCES? (In. SOCIAL SECURITY NO  13. FATHER'S NAME  14. MOTHER'S MADERS THRU IS ABMED FORCES? (In. SOCIAL SECURITY NO  15. FATHER'S NAME  16. COLOR OF BACE  17. MARRIED OF BUSINESS OR INDUSTRY (II.) BRITHFLAKE (Spale or foreign country)  18. ASS OECEASED EVER IN U. S. ABMED FORCES? (In. SOCIAL SECURITY NO  18. THE STAYLOR OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more ordered are now or done of working life.  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), in more now ordered are now ordered |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUDEAU V.

AUG 13 In

**ADDRESS** 

SILVER SPRING, MD.

24b REGISTRAR'S SIGNATURE

240 REC'D BY REGISTRAR

HOSPITAL noy be FUNES 0 VS A15 (4)

23, FUNERAL DIRECTOR'S SIGNATURE

# BUREAU V. S.

Yer's in Dus

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DECE!

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08714 CERTIFICATE OF DEATH Reg. Dist. No with 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH Filed a. COUNTY b. COUNTY MARYLAND Montgomery Montgomery Maryland b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Silver Spring Kensington Years d. STREET ADDRESS LeDeau-Gardens d NAME OF HOSPITAL (If not in hospital, give street address) IS RESIDENCE Carroll Hall Rest Home ON A FARM? Weedmoor Station, Box 657 YES 🗍 NO 📆 NAME OF DATE Middle Month Doy Year DECEASED WINNIFRED 3 19 57 PEDERSEN DEATH August (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH completely Dec. 21, 1872 White DIVORCED | Female WIDOWED | popers. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 17. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired? New York Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Sylvester F. Hartley Agnes Wilson 9909 Mhornwood 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Rd. None Mrs. Helen Warenforff- Kensington. No CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 4200 **DUE TO** ģ Ony Conditions, if ony, which gned gave rise to immediate **DUE TO** cause (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601/19. WAS AUTOPSY PERFORMED? YES 🗍 NO: 7 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY fHome, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m While Not while of work at work p. m. 21. I certify that I attended the deceased fram. 1, that I last saw the deceased And My from the causes and an the date stated above. alive an. and that death accurred ACTUAL PHYSICIAN'S NAME (Type) FUNE 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) (State) REMOVAL (Specify) Crematory Cedar Hill remation George Co., Md . 0 340 REC'D BY REGISTRAR 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** REGISTRAR'S SIGNATURE Wis. Ave. Bethesda, Md Robert A. Pumphrey-7557 VS A15 (4)

TO HOSPITAL

onskyn K K.



M

|   |          |   | 0871                                  | 5                 | CERTI                     | FICA       | TE OF DEATH                                |               |                      | Reg. Dist   | 08<br>1. No. | 715        | 16              |
|---|----------|---|---------------------------------------|-------------------|---------------------------|------------|--|---------------|----------------------|-------------|--------------|------------|-----------------|
| \ |          | PLACE OF DEATH<br>B. COUNTY                   | Montgomer                             | У                 | MARY                      | AND        | 2. USUAL RESIDENCE (WIND STATE District of | colum         | P COUNTY             | nı Residenç | a before     | admission  | 1)              |
| ) |          | b. CITY OR TOWN (I                            | f outside corporate limit             | s, write          | c LENGTH OF STAY          | N Ib       | c. CITY OR TOWN (If or                     |               | - 02 44              | JRAL and gi | ve neare     | st town]   |                 |
|   | _        | Bethesda 183 days Washington, D.C. 47         |                                       |                   |                           |            |  |               |                      |             |              |            |                 |
|   | т        | d. NAME OF HOSPIT. OR INSTITUTION THE Clinics | At (If not in hospitol, gi            | ve street o       | esda 14. Md               |            | d STREET ADDRESS 3122 Permsy               | el stande     | Aronna               | 9 9         |              | IS RESIDE  | KRM2            |
|   |          | NAME OF                                       |                                       |                   |                           | - 1        |  |               |                      |             |              | YES   N    |                 |
|   | 1        | DECEASED<br>(Type or print)                   | Fanie                                 | r                 | Middle                    |            | lost                                       | 4. DATE       | Mont                 |             | Day          | Yeo        | N               |
|   | <u> </u> | SEX   |                                       | 7                 | none                      |            | Politis                                    | DEATH         | Augu                 |             | 30           |            |                 |
|   |          | emale   |                                       | · MARRI<br>WIDOWE | DIVORCED                  |            | DATE OF BIRTH                              |               | last birthday)       | Months L    |              | Hours      | 24 HRS.<br>Min. |
|   |          | USUAL OCCUPATIO                               | N (Give kind of week d                |                   |                           |            | TRY 11 BIRTHPLACE (State of                |               | /O yrs.              | 112 (17)    | 76110        | WHAT CO    | 01 14 170 VA    |
| Ŋ |          | Loring most of work                           | mg ma' sage it tetited)               |                   | Domestic                  |            | Gree                                       |               | o,                   | 12. Сп.     |              | .A.        | ZUNIKIZ         |
|   | 13.      | Domestic<br>FATHER'S NAME                     |                                       |                   | Dollies CTC               |            | 14 MOTHER'S MAIDEN N                       |               |                      |             | 0.0          | +21. +     |                 |
|   |          | Triantafyl                                    | os Triantaí                           | 'vlop             | oulos                     |            | Constan                                    | _             | aha                  |             |              |            |                 |
|   | 15.      | WAS DECEASED EVER                             | IN U. S. ARMED FORCE                  | ES7 16. S         |                           | 17. IN     | FORMANT The Med                            | ical          | decord Addre         | 335         |              |            |                 |
|   |          | no  | il yes, give war or oares at the      | aical             | none                      |            | e Clinical Ce                              |               |                      |             | Mary         | land       |                 |
|   |          |   | TH [Enter only one cou                | se per lin        | e for (a), (b), and (c) ] |            |  |               |                      |             | INTERV       | AL BETW    | EEN             |
|   |          | PART I. DEAT                                  | TH WAS CAUSED BY: IMMEDIATE CAUSE (0) | HUDE              | etensue c                 | and        | Lovasculor                                 | disea         | a.e.                 |             | ONZEI        | AND DE     | EATH            |
|   |          | 44  | -DUE-TO                               | 7                 |                           |            |  |               |                      |             |              |            |                 |
|   |          | Conditions, if or<br>gove rise to in          | y, which ) (b)_                       | Sey               | the gener                 | aliz       | ed artemos                                 | schen         | o ale                |             |              |            |                 |
|   |          | couse (a), stating t                          |                                       | D                 | · note ~                  | 000        | <b>T</b> .,                                |               |                      |             |              |            |                 |
|   | z        | lying couse lost.                             | FP SIGNIFICANT COND                   | ONS CO            | ONTRIBUTIONS TO DEA       | THE BLUT A | NOT RELATED TO THE TERMIN                  | IN DICEASE    | COMPUNIO             |             | 11.120       | 14186 4147 | T C Paul        |
| ) | CATION   | A   | er somment cons                       | HOIES C           | SITTRIBUTING TO DEA       | <u> </u>   | OF RECATED TO THE PERMIN                   | AVE DISEASE   | CONDITION GIVE       | N IN PARI   |              | PERFORM    | ED?             |
|   | TIFIC    | 200. ACCIDENT WA                              | S UNDERLYING   2                      | 206. DESC         | RIBE HOW INJURY OC        | CURRED     | (Enter nature of injury in Pr              | ort I or Part | II of item 18.)      |             |              | ES I N     | 10 []           |
|   | CERTIFI  | OR CONTRIBUTING                               | MEDICAL EXAMINER)                     |                   |                           |            |  |               |                      |             |              |            |                 |
|   | MEDICAL  | 20c TIME OF INJURY                            | Month, Doy, Year                      |                   | JURY OCCURRED             | 20e. PLA   | CE OF INJURY (Home, farm,                  | 20f. (City    | or town)             | (Co         | unty)        |            | (State)         |
|   | MED      | Hour o.m.<br>p.m.                             | 19                                    | While of work     | Not while                 | rocn       | ory, street, office bldg., etc.)           |               |                      |             |              |            |                 |
|   |          | 21. I certify the                             | at I attended the                     | decease           | d from 28 Fe              | print      | ury, 1957_, 10_30                          | Augus         | t 19_57              | that I lo   | st saw       | the de     | ceased          |
|   |          | alive on 30                                   | August                                | ., 125            | Z, and that a             | death      | occurred oil2:55p                          | M, from       | the causes an        | nd on the   | date         | stated     | abave.          |
|   |          | 1   |                                       | 2                 | 1                         |            | The Clin                                   |               |                      |             |              |            | SIGNED          |
|   |          | ACTUAL SIGNATURE                              | loyd 1                                | ec                | 01                        | M          | .D   |               |                      |             |              |            | Q/57            |
|   |          | PHYSICIAN'S<br>NAME (Type)                    | Floyd Recto                           | m. M              | . n.                      |            | The Natio                                  | onal L        | nstitute:<br>arvland | s of H      | leal         | th         |                 |
|   | 270      |   | 1 22b. PATE THEREOF                   |                   | 22c NAME OF CHIEF         | EPV CB     |  |               |                      |             |              |            |                 |
|   | 1        | TEMOVAL (Specify)                             | Lept 3.                               | -57               | Collin                    | / /        | Lell                                       | 20. LUCA)     | ON (City lower or    | county)     | 2            | (State)    | 1               |
|   | 23       | FUNERAL DIRECTOR'S                            | SIGNATURE                             | 7                 | ADDRESS                   |            | 24-NEC'D                                   | BY REGISTR    | AR 246 DECIST        | RAR'S SIGN  | NATURE       | 1/A        | - 1             |
|   |          | Sim   | mons 13                               | 200               | I York                    | 10.        | C', SEP                                    | 9             | 1 Ze                 | 2000        | 7            |            | dan             |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



| MARYLAND STAT | E DEPARTMENT | OF HEALTH-BALTIMORE, | 18 |
|---------------|--------------|----------------------|----|
|               |              |                      |    |

08715

246. REGISTRAR'S SIGNATURE

|            |   | 0871   | 6                           | CERTII              | FICA                | E OF DEATH   | ı                      |                                    | Reg. Di     | st. No   | -<br>L     | 16              |
|------------|---|--|-----------------------------|---------------------|---------------------|--|------------------------|------------------------------------|-------------|----------|------------|-----------------|
| Ĭ          | PLACE OF DEATH<br>COUNTY MO                                       | ntgomery   |                             | MARYL               | 44                  | USUAL RESIDENCE (WHO O. STATE NEW Je                 |                        | sed lived If institution b. COUNTY | on: Resider | ice befo | re odmiss  | ion)            |
|            | Bethesda III, Maryland 811 days                                   |  |                             |                     | N 15                | c. CITY OR TOWN (If or                               | ulside carp            |                                    |             | give ne  | arest town | }               |
| В          |   |  |                             | 84 days             |                     | Montclair  |                        |                                    | * *         | · .      |            | *               |
| m          | d. NAME OF HOSPIT   | TAL (If not in hospital, giv                                 | e street i                  | address)            | -                   | d STREET ADDRESS                                     |                        |                                    |             |          | e. IS RES  | IDENCE<br>FARM? |
|            |   | 1 Center, B  | ethe                        |                     | •                   | 17 Grant   |                        |                                    |             |          | YES [      | NO [X]          |
| 3          | NAME OF<br>DECEASED<br>(Type or print)                            | Asunt:   | a                           | (none)              |                     | Postiglione  | 4. DATE<br>OF<br>DEATS |                                    | ust         | Do       | •          | Yeor<br>19 57   |
| S.         | SEX   | 6. COLOR OR RACE   | MARR                        | IED 🚺 NEVER MARRIEI | D   B               | DATE OF BIRTH  |                        | 9. AGE (In years last birthday)    | IF UNDER    |          |            |                 |
|            | Female  |  | VIDOWE                      |                     |                     | July 7, 1897   |                        | 60 yrs.                            | Manths      | Days     | Haurs      | Min.            |
| 100        | <ul> <li>USUAL OCCUPATION</li> <li>during most af wark</li> </ul> | DN (Give kind of work do<br>king life, even if retired)      | ne 10b.                     | KIND OF BUSINESS OF | NDUSTR              | Y 11 BIRTHPLACE (State of                            | ar fareign             | country)                           |             |          |            | COUNTRY         |
|            | Housewi   | .fe  |                             | None                |                     | Italy  |                        |                                    | U           | S.A      |            |                 |
| 13.        | FATHER'S NAME   |  |                             |                     |                     | 14. MOTHER'S MAIDEN N.                               |                        |                                    |             |          |            |                 |
|            |   | Michael Mon  |                             |                     | <u>,l</u>           | Vincenza   |                        |                                    |             |          |            |                 |
| 15.<br>(Y: | NO NO   | R IN U. S. ARMED FORCE<br>(If yes, give wor or dates of serv | 1001                        |                     |                     | PRMANT The Me  |                        |                                    |             | . Ma     | ryla       | nd              |
| F          | 18. CAUSE OF DEA  | ITH [Enter anly one caus                                     |                             |                     |                     | /i   | -19                    |                                    |             | INT      | ERVAL BE   | IWEEN           |
|            | PART I. DEA   | TH WAS CAUSED BY: IMMEDIATE CAUSE (a)_                       | 35                          | example.            | July                | econial %  | Gons                   | herman.                            |             | ON:      | ET ANE     | DEATH           |
|            | 1   | DUE TO   | A.                          | 1 1                 |                     | 0  | 1                      | ,                                  |             |          |            | 10              |
|            | Conditions, if or   |  | 118                         | ladalie e           | arec                | many of  | fre                    | Loca                               |             | 1        | 5-4        | colle           |
|            | gove rise to it<br>cause (a), staling                             |  | 20                          |                     |                     | P  |                        |                                    |             |          | 11         |                 |
| _          | lying cause lost.   | (c)_   | 1-1                         | mary -              | rin                 | Plantocom  |                        |                                    |             | 1        | indis      | 0               |
| CATION     | PART II OTH   | Pactoria   | TIONS C                     | ONTRIPLING TO DEA   | TH BUT NO           | OT RELATED TO THE TERMIN                             | NAL DISEA              | SE CONDITION GIV                   | EN IN FAR   | T 1(a) 1 | PERFO      | RMED?           |
| CERTIFI    | 200 ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY          | S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)              | Ob. DESC                    | CRIBE HOW INJURY OC | CURRED (            | Enler nature of injury in Pi                         | art I or Pa            | art II of item 18.)                |             |          |            |                 |
| MEDICAL    | 20c. TIME OF INJUR<br>Hour a m.<br>p. m.                          | Y Manth, Doy, Year   | 20d. IN<br>While<br>of wark | Nat while           | 20e PLACE<br>factor | OF INJURY (Hame, farm, y, street, affice bldg, etc.) | 20f, {Ci               | ty ar tawn)                        | (1          | County)  |            | (State)         |
|            | 21. I certify th  | at I attended the a  | lecease                     | d from Max          | 7 9                 | . 19 57, to A  | ugust                  | 1 10 57                            | that I      | last co  | uu tha     | decease         |
|            | alive on Au   |  | . 195                       |                     | death a             | ccurred at 9:40p                                     | ald fro                | im the course of                   | nd an i     | ha da    | to state   | deceuse         |
|            |   | 1 1-1-02   | 1                           |                     | acam a              |  |                        | Street, city or town,              |             | ne au    |            | TE SIGNE        |
|            | ACTUAL<br>SIGNATURE   | obolito  | rela                        | Long                | M.E                 | The Clinic   | al Ce                  | enter                              |             | 8,       | /2/57      | 1               |
|            |   |  | -                           |                     |                     | National I   | nstit                  | tutes of H                         | leal.tl     | n        |            |                 |
|            | PHYSICIAN'S<br>NAME (Type)  | Robert Gordo   | n Lo                        | ong, M. D.          |                     | Bethesda 1   | L. Mo                  | aryland                            |             |          |            |                 |
|            | BURIAL, CREMAT O  | N, 225 DATE THEREOF  |                             | 22c NAME OF CEME    | TERY OR-C           | EPARTORY-  | 22d. LOC               | ATION (City lawn, a                | caunty)     |          | (State     | ጎ               |

V5 A1\$ (4) 15M 9/S\$ 23, FUNERAL DIRECTOR'S BIGNATURE

ETTO A S

|         |           | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 $08716$  |
|---------|-----------|--|
|         |           | 08717 CERTIFICATE OF DEATH  Reg. Dist. No. 216   |
| iil     | 1         | PLACE OF DEATH a. COUNTY  MARYLAND  O STATE  D. COUNTY  MARYLAND   |
|         |           | b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)  RURAL and are nearest town)   |
| 74      |           | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  OR INSTITUTION  ON A FARM?  YES NO NO  |
|         | 3         | NAME OF DECEASED (Type or print) OREN AITYER PROPERTY OF DEATH AND 9 1857  |
|         | 5.        | SEX   6 COLOR OR RACE   7 MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9, AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS   10st birthday)   Maniha Days Haurs Min.  |
| -       |           | du USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country)  12. CITIZEN OF WHAT COUNTRY  ACCOUNTED  WHAT COUNTRY  TO WHAT COUNTRY  WHAT COU |
|         | 1         | Solomon David Prather Eva Letta Van nuys   |
| 0       | - (1      | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT HOSPIT PROOF OF SPITE COYDS  |
|         |           | 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]  PART 1, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  May 15 on Acid Transferrica  IMMEDIATE CAUSE (a)  May 15 on Acid Transferrica  IMMEDIATE CAUSE (b)  May 15 on Acid Transferrica  IMMEDIATE CAUSE (c)  |
| ny cven |           | Conditions, if any, which I to Coronary a few less thrombos 24 hours   |
|         |           | gave rise to immediate cause (o), stating the under. but to  lying cause last.  (c) Coronary arterioric Inclif   |
| 2       | 11.2      |  |
|         | AL CERTIF |  |
|         | MEDICAL   | 20c TIME OF INJURY Manth, Day, Year Haur a. m. 19 While Not white at wark at work 19 at wark 19 Not white 19 Not work 19 Not work 19 Not white 19 Not work 1 |
|         |           | 21. I certify that ( ottended the deceased from  |
| ,       |           | ACTUAL SIGNATURE ACTUAL M. M.D. Brithville Mod 81/0/5  |
|         |           | PHYSICIAN'S Stephen N. Jones Rockville, Maryland   |
|         | 27        | Burial (Stemation, 276. Date thereof 22c. Name of Cemetery or Crematory 22d Location (City, town, or county) (Stote) Burial 8/12/57 Flower Hill Redland, Maryland  |
| ۰       | R         | obert A. Pumphrey-Bethesda, Maryland  240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE  DATE 8-14-57 Desait M Lkozula   |
| V       | -         |  |

Set et eur.

HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

& V UMANILIS

ZSGT ...

REICHARD

B. DATE OF BIRTH

Oct.

Maryland

12.821 Connecticut Ave.

4. DATE

DEATH

Silver Spring

d. STREET ADDRESS

MARYLAND

c. LENGTH OF STAY IN 16

Middle

R.

DIVORCED |

8 days

e IS RESIDENCE

ON A FARM?

YES NO ST

Year

19

Montgomerv

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Days

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

b. COUNTY

Month

yrs.

Manths

August

9 AGE (In years lost birthday)

deoth: Page

24

1. PLACE OF DEATH

Montgomery

b CITY OR TOWN (If outside corporate limits, write

Joliet Street

d. NAME OF HOSPITAL (If not in hospital, give street address)

white

First

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED |

RAYMOND

RURAL and give nearest town)

Silver Spring

OR INSTITUTION

o. COUNTY

3920

(Type or print)

NAME OF

DECEASED

S. SEX

male

poge O

10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) clerk grocery business District of Columbia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Reichard Mamie Jones IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 578-10-0788 Clayton B. Reichard, 3920 Joliet St., SS., Md. Yes WW 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN CEREBRO-VASCULAR ACCIDENT ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Pheumatic HEART Disease Conditions, if any, which ) gove rise to immediate **DUE TO** coese (o), stating the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? WODENAL Wheek YES NO 20g ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour a.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from , 19 2, that I last saw the deceased and that death accurred at 432 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL Universation PHYSICIAN'S NAME (Type) Bernard A. Fitzgerald 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Arlington National 1957 Cemeterv Atto. Fort Mron 23) FUNERAL DIRECTORY SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24c. REC'DIBY REGISTRAR Silver Spring, Md. DATE

VS A15 (4) 1SM 9/SS

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BUREAU V. E.

42.7 88 **5NV** 



|          |          |  | MARY   | LAND S          | TATE DEPART                        | MENT             | OF HEALT                             | H-BAL                  | IMORE, 18                              | 0.8          | 719                          |
|----------|----------|--|--|-----------------|------------------------------------|------------------|--------------------------------------|------------------------|--|--------------|------------------------------|
|          |          |  | , 085  | 720             | CERTIFI                            | CATE             | OF DEAT                              | Ή                      | Re                                     | g. Dist. No. | 217                          |
|          | 1.       | PLACE OF DEATH<br>d. COUNTY              | Montgomery   |                 | MARYLAN                            |                  | TAL RESIDENCE (M                     |                        | lived If institution: R<br>b. COUNTY   |              |                              |
| Allena . |          | b. CITY OR TOWN ( RURAL and give n       | If outside corporate lim   | its, write c.   | LENGTH OF STAY IN                  | lb c. C          |                                      |                        | ole limits, write RURA                 | lontgen      | rest town)                   |
| F . C    | -        | d NAME OF HOSPI                          | Olney TAL (If not in hospital, s                                   | give street add | 17 days                            | 10.0             | Rocky                                | rille                  |  |              | IS RESIDENCE                 |
| 13       | <u> </u> | OR INSTITUTION                           | Montgomery   | Count           | y Gen. Hosy                        | ita]             | 13 Ge                                | orgia                  | venue                                  |              | ON A FARM?<br>YES NO         |
|          | 3.       | NAME OF<br>DECEASED<br>(Type or print)   | Fi   |                 | Middle                             |                  | lasi                                 | 4. DATE<br>OF<br>DEATH | Manth                                  | Day          |                              |
|          | 5.       | SEX                                      | 6. COLOR OR RACE   | 7. MARRIED      | NEVER MARRIED                      | Ric<br>7 8. DATE | OF BIRTH                             |                        | P. AGE (In years PFU last birthday) Ma | NOER I YEAR  | 1957<br>IF UNDER 24 HRS.     |
|          | _        | male                                     | Negro  | WIDOWED [       | DIVORCED                           | Se               | pt, 25,1                             | 874                    | 29 yrs.                                | nths Days    | Hours Min.                   |
| . 1      | , 1º     | during most of wor                       | ON (Give kind of work king life, even if retired                   | done 10b. KIN   | ID OF BUSINESS OR IN               | IDUSTRY 11       | BIRTHPLACE (State                    | e ar foreign ca        | untry) 1                               | 2. CITIZEN O | WHAT COUNTRY                 |
|          | 13.      | FATHER'S NAME                            | <u></u>  |                 |                                    | 14, M            | Mary lan                             | NAME                   |  | U.S.A        | •                            |
|          |          | Mc                                       | onroe Ricks  |                 |                                    |                  |                                      | Dorsey                 |  |              |                              |
|          | [21      | WAS DECEASED EVE                         | R IN U. S. ARMED FOR   | CES? 16. SOC    | CIAL SECURITY NO. 1                | 7. INFORMA       | NT                                   | norse)                 | Address                                |              |                              |
|          | 11       | nknown                                   |  |                 |                                    | Zep              | hry Rick                             | я                      | Same                                   |              |                              |
|          |          | PART I. DEA                              | ATH (Enter only one co<br>ATH WAS CAUSED 8Y:<br>IMMEDIATE CAUSE (o | use per line fo | ar (0), (b), and (c).]             | -                |                                      |                        |  | INTE         | RVAL BETWEEN<br>ET AND DEATH |
| 13       |          | 151x                                     | DUE TO   |                 | <u>ration en</u>                   | ៤ ឧនក្ខ          | hyxia                                |                        |  | 6            | h urs                        |
|          |          | Conditions, if a                         |  | Gast:           | ric obstr                          | uctio            | n and d                              | lilata                 | tion                                   | 2            | weeks                        |
|          |          | gave rise to i<br>cause (a), stating     |  |                 |                                    |                  |                                      |                        |  |              |                              |
|          | Ž        | lying cause last.                        | HER SIGNIFICANT CON  |                 | ructing g                          |                  |                                      |                        | CONTRACT AND A                         |              |                              |
| 2        | CATION   |  | Sen  | 1 1             | AREO ING TO DEATH                  | ,                | AIED IO INE IEKN                     | VILVAT DIZEWZE         | CONDITION GIVEN II                     |              | PERFORMED?                   |
|          | CERTIFIC | 20a. ACCIDENT WA                         | S LINDERLYING T  |                 | E HOW INJURY OCCU                  | RRED. (Enter I   | nature of injury in                  | Part I ar Part         | It of item 18.)                        |              | IS IN NO II                  |
|          | CALCE    | (IF EITHER, NOTIFY<br>20c. TIME OF INJUR | CAUSE OF DEATH   |                 |                                    |                  |                                      |                        | ``                                     |              |                              |
|          | MEDIC    | Hour a. ft.                              | Y Month, Day, Yea  | While           | RY OCCURRED 20e. Not while at wark | PLACE OF II      | NJURY (Hame, forme, office bldg., at | m,   20f. (City o      | or town)                               | (County)     | (State)                      |
|          | 1        | 21. I continue th                        | at I attended the  |                 |                                    | 2 1              | 057 1-                               | Auco                   | Fam =7.                                |              |                              |
|          |          | alive an                                 | moust 20   | 12 5            | 7., and that de                    | /                | ed at 6 19                           |                        | the causes and                         |              |                              |
|          | П        | ACTUAL                                   | 110  | n .'            | 1 2                                |                  | 01                                   |                        | el, city er tawn, state)               | un ma dang   | DATE SIGNED                  |
| 1        |          | SIGNATURE                                | who  | 4.              | Jakes                              | M.D              | U.                                   | nay                    | mel                                    | 8            | -21-57                       |
|          | L        | NAME (Type)                              | R. A. Y  | Cates,          | N.D.                               |                  | Olney.                               | Maryla                 | nd                                     |              |                              |
|          | 220      | BURIAL CREMATIO                          | 1 1  | -               | C. NAME OF CEMETER                 |                  | TORY                                 | 22d. LOCATH            | ON (City, Iown, or cau                 | inty)        | (State)                      |
|          | 23.      | FUNERAL DIRECTOR                         | 8/24/57<br>\$ SIGNATURE:   |                 | Mt. Pleass                         | nt.              | 240, 850                             | D BY REGISTR           | Normank<br>AR 246 REGISTRAR            |              |                              |
|          | L        | Robert                                   | I Sun  | den             | Rockville                          | , Ma.            | DATE                                 | 271                    | at stale                               | AN CX        | anker                        |
|          |          |  |  |                 | -                                  |                  |                                      |                        | ***                                    |              | 1                            |

B 'Y UAL

1961 L- 5NV

MATERIA

| 1  | 6   | 2_    |         | MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1872)  |
|--|-----|-------|---------|---|
| FOR ST   | ATE | 3     |         | 08721 MEDICAL EXAMINER'S CERTIFICATE OF DEATH   |
| HEALTH   | DEP | T,    | 1, PL   | ACE OF DEATH  2. USUAL RESIDENCE (Where decreased lived. If institution, Residence before admission)  |
| oge str.   |     | 1     | 0.      | Muitamery MARYLAND O. STATE Mausen 6. COUNTY  |
| THE PERSON   | 1   | aw of | lb      | CITY OR TOWN (If ou side of porote 1 m is write RURAL ond give neorest town)  |
| you d of   |     |       | ,       | Clarkiling 12 hr. Cherpeake Beach   |
| 8 5 8<br>8   | 0   | 77    | a       | NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS ( ON A FARM?  YES [] NO []   |
| o de   |     |       | 3, N    | AME OF A First Middle Last 4. DATE Month Day Year   |
| he fereign   |     |       |         | (PO OF PRINT) Time Direct Ridgley DEATH aug 31 1957   |
| a phi  |     |       | 5. SE   | out b thoogy   Maghin Davy House Min  |
| 5 m<br>12 m  |     |       | 10o.    | MALE   Soft WIDOWED DIVORORD   1/20/09 47 yrs.   USUAL OCCUPATION (Give kind of work dane) 106 KIND OF BUS NESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNERS |
| Poge<br>Dan<br>T   |     | 1     | du      | The season of working life, even if retired) W. So 9 overment md  |
| A SE   | (   |       |         | ATHER'S NAME 14 MOTHER'S MAIDEN NAME  |
| Pog # PA   |     |       |         | ichard C. Ridgley Unknown   |
| Give<br>File   |     | 0     | 15.7    | VAS DECEASED EVER IN U.S. ASMED FORCES? 16 SOCIAL SECURITY NO U.S. ASMED FORCES? Unknown Mary M. Ridgley, Clarksburg, Md.   |
| E TE   |     |       | 1       | B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   |
| tem<br>plong<br>preg   |     |       |         | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Graf furere   |
| in line  |     |       |         | DUE TO I am auto  |
| S Officer  |     |       |         | Conditions, if ony, which by Carton-Monoxiele person  |
| in in the property of  |     |       |         | o), stoling the underlying DUE TO   |
| xom<br>xom<br>ostor  |     |       | Z -     | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY  |
| cal E  |     | ** *  | Z L     | PERFORMED? YES NO D   |
| Medial,  |     |       | ERTIF   | 00. EXTERNAL CAUSE WAS RIMARY Or CONTRIBUTING (2) AUSE OF DEATH.  |
| hout<br>but  |     |       |         | OC TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) ( (County)  |
| the state of the s |     |       | MEDICAL | Hour a. m  While Not while foctory, street, office bldg, etc.)  Claudes have in roots mile  |
| Page   |     |       |         | 2). I certify that I took charge of the remains described obove, held on Autopsy 🔲, Inspection 💹, Inquiry 🔀, and in my  |
| ded<br>OR:<br>Gent,  |     |       | (       | pinion death resulted fram: Natural causes [], Accident [], Suicide [2], Homicide [], Undetermined manner []  |
| TWO TANGE  |     |       |         | ACTUAL A Browkart CHIEF MEDICAL EXAMINER D DATE SIGNED  |
| gnob   |     | 2     |         | ASSISTANT MEDICAL EXAMINER  |
| O COM S  |     |       |         | EXAMINER'S FFANK I Broschit DEPUTY MEDICAL EXAMINER & 8-31-57   |
| shoul<br>TCN   |     |       |         | BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county) (Slate)  Sept. 2 57 Clarksburg Clarksburg   |
| 6450   |     |       |         | Dept. 2 57 Clarksburg, Clarksburg, Md.  ADDRESS 240. REC'D BY REGISTRAR S & GNATURE.  |
| S. A15ME   | 1   |       | 0       | Layou Barber Laytonsville. Md. DATE Solf 4/6 2 2 200 la W Burtitte  |
|  | 4   | -     |         |   |



2Eb 2 1625



Reg. Dist. No. 216

| a. COUNTY   |                   | 2. GOOME KESIDEIACE IA                                     | vinere deceased lived. It institution: Kesia | ence perore partission;              |  |  |  |  |
|---|-------------------|--|--|--------------------------------------|--|--|--|--|
| Montgomery  | MARYLAND          | o STATE Maryler  | nd b. county Mo                              | ntgomery                             |  |  |  |  |
|   | TH OF STAY IN 16  | c. CITY OR TOWN (IF  | outside corporate limits, write RURAL on     | d give nearest town)                 |  |  |  |  |
| Bethesds  |                   | 2.6 Rocks  | nille  |                                      |  |  |  |  |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give  | street address]   | d. STREET ADDRESS  | a management of the second                   | e. IS RESIDENCE                      |  |  |  |  |
| Suburban Hoseital   |                   | / 10 Frede   | erick Ave.                                   | ON A FARM?                           |  |  |  |  |
| 3. NAME OF First  | Middle            | Last   |  | Day Year                             |  |  |  |  |
| -DECEASED   |                   | -  | OF   |                                      |  |  |  |  |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NET  | Vid               | Rolen DATE OF BIRTH  | 9. AGE (In years   IFUNDER                   | 23 19 57<br>R TYEAR IF UNDER 24 HRS. |  |  |  |  |
| A Landause C  |                   |  | Inst birthday) Months                        | Days Hours Min.                      |  |  |  |  |
| 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BL   |                   | Nay 17, 1926   | 31 yrs.                                      | TO LOCALINE COUNTY                   |  |  |  |  |
| during most of working life, even if retired)   |                   |  | *  | TZEN OF WHAT COUNTRY                 |  |  |  |  |
|   | Stone Co.         |  |  | Americ                               |  |  |  |  |
| 13. FATHER'S NAME   |                   | 14. MOTHER'S MAIDEN N                                      |  |                                      |  |  |  |  |
| Grip L. Rolen   |                   | Molly Co   |  |                                      |  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC<br>(Yes, no. or unknown) (If yes, give war or dates of service) | CURITY NO. 17. IN | IFORMANT   | Address Rocks                                | ville, Md.                           |  |  |  |  |
| Ne  | M                 | irs. Virginia  | Rolen 10 Freder                              | rick 've.                            |  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b),   | and (c).]         |  |  | INTERVAL BETWEEN<br>ONSET AND DEATH  |  |  |  |  |
| PART I. DEATH WAS CAUSED BY: Respiret   | 2 hrs.            |  |  |                                      |  |  |  |  |
| 9/22 DUE TO   |                   |  |  |                                      |  |  |  |  |
|   | f 1st cer         | vical verteb   | rae  |                                      |  |  |  |  |
| gave rise to immediate cause  |                   | 101000   |  |                                      |  |  |  |  |
| (c), stating the underlying out to course lost. (c) Fracture of hyoid. Crushed chest and palvis                             |                   |  |  |                                      |  |  |  |  |
|   |                   |  |  |                                      |  |  |  |  |
|   |                   |  |  | PERFORMED?                           |  |  |  |  |
| PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUT N  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.           | LIPY OCCUPPED 15. | nter nature of injury in Part                              | Lee Bout II of How 10 t                      | YES NO                               |  |  |  |  |
| PRIMARY Tor CONTRIBUTING D  |                   |  | or ran n or nem rp.;                         |                                      |  |  |  |  |
| Orusited by   | y Loader E        | nachine  |  |                                      |  |  |  |  |
| G Hour am   | while focto       | E OF INJURY (Hame, farm<br>ry, street, office bldg., etc.) |  | ounty) (State)                       |  |  |  |  |
|   | vork 🔲 qu         | rry  | Halpine Villiage                             | Mont., Md.                           |  |  |  |  |
| 21. I certify that I took charge of the remains   | described obov    | ve, held on Autops)  | / 🔲, Inspection 🔲, Inqui                     | ry 🔲, and find tha                   |  |  |  |  |
| deoth resulted from: Natural causes, Acci   | ident 🔲, Suic     | ide 🔲, Homicide  | . Undetermined couse                         | ],                                   |  |  |  |  |
| 1 1   |                   |  |  |                                      |  |  |  |  |
| SIGNATURE Trans C. Sonort   | art               | M.D. CHIEF MEDICAL EX                                      | AMINER [                                     | DATE SIGNED                          |  |  |  |  |
| //  |                   | ASSISTANT MEDICA   | AL EXAMINER 🗌                                | /23/57                               |  |  |  |  |
| NAME (Type) Frank J. Broschart  |                   | DEPUTY MEDICAL E   | XAMINER 📮                                    | 142/21                               |  |  |  |  |
| 220. BUR AL, CREMATION, 22b. DATE THEREOF 22c. NAME   | OF CEMETERY OR    | CREMATORY  | 22d. LOCATION (City, town, or county)        | (State)                              |  |  |  |  |
| REBUTINTI 826-57 Sal  | tsville           |  | Saltsville                                   | Va                                   |  |  |  |  |
| 23. FUNERAL DIRECTOR'S SIGNATURE ADDR   |                   | 24a. REC'0   | BY REGISTRAR 24b. REGISTRAR'S SIG            |                                      |  |  |  |  |
| D.R. Henderson Funeral Home   | ·Saltsvi          | lle.Va F-  | -91-57 B.                                    | n llomb.                             |  |  |  |  |
|   |                   | DATE   | ab of lacelly                                | 1-14011 Jak                          |  |  |  |  |

VS. A15ME(5) 5M 9/55

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If ony delay is necessory, please execute the certificate, writing the ward "pending" in pending in 18m. 18. Give Pages 1, 2, and 3 to the funeral dispersion. Page 4 should be forward to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your forward. DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the registrant purial, cremation, an removal.

DECELVE SS 1957
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08723 **CERTIFICATE OF DEATH** Reg. Dist. No. filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH · COUNTY L o. STATE b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b Pin d. NAME OF HOSPITAL (If not in hospital, give/street address) d STREET ANDRESS IS RESIDENCE OR INSTITUTION ON A FARM TY-OOKP YES NO 4. DATE OF NAME OF Middle Yeor DECEASED DEATH (Type or print) 195 HE UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost bir(hday) 5. SEX 6. COLOR OF RACE 7. MARRIED | NEVER MARRIED | Months Dovs Hours DIVORCED WIDOWED PT 100 USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (Stole or foreign country 12. CITIZEN OF WHAT COUNTRY? CNNA - SEEMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (f) yes, give wor or dates of service) ottending VONC 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) 1631 **DUE TO** Conditions, If ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? YES TO NO R 200. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY [Home, form, 20f. (City or lown] 20c, TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED [County] (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while ot work of work p. m. 21. I certify that I attended the deceased from 195 I that I last saw the deceased and that death occurred at 45 AM, from the causes and on the date stated above. alive on ADDRESS (Street, gity gr town, state) ACTUAL . Q PHYSICIAN'S NAME (Type) FUNE 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY LOCATION (City, towns or county) (Stote) PEMOVAL (Specify) o 0 246 ASGISTRAR'S PIGNATURE FUNERAL DIRECTOR'S SIGNATU REGID BY REGISTRAR . VS A15 (4) 15M 9/55

BULEAU V. S.

DE CHARACT

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08618 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) c. COUNTY o. STATE PR Montgomery County b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 318 Overhill Rd. Washington San. & Hosp. YES NO NAME OF Middle Year DECEASED 26 1957 August (Type or print) DÉATH 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months 2-8-02 Male White WIDOWED IT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPEACE (State or foreign country) during most of working life, even if retired) 12 CIFIZEN OF WHAL COUNTRY? Sinclair Refining Co. Ex. Sales 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George W. Shockey Mary L. Roddeffer 15. WAS DECEASED, EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records 18. CAUSE OF DEATH [Enfer only one cause per (pie for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Thoracic hemorrhage PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** crushed chest Conditions, if ony, which gave rise to immediate cause **DUE TO** Maniac-depressive psychosis (c) stating the underlying ROS cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Fracture of pelvis NO [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20a EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING Jumped from sun deck of hosp. (6th floor) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) foctory street officerbldg , etc.) White Not while of work 1 Takoma Park Montg Mel. 21. I certify that I took charge of the remains described obove, held on Autopsy [X], Inspection [7], Inquiry [7], and find that death resulted from: Natural couses [], Accident [], Suicide [3], Hamicide [], Undetermined couse [] ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE 8/26/57 ASSISTANT MEDICAL EXAMINER [7] **EXAMINER'S** Frank J. Broschart M.D. DEPUTY MEDICAL EXAMINER IX NAME (Type) 229-BURIAL CREMATION 1226. DATE THEREOF 22c. NAME-OF CEMETERY OR CREMATORY 22d LOCAMON (City, townspor county) (State) 23. FUNERAL DIRECTOR SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15MEISI 5M 9/55

BUREAU V. E.

7261 6S **2UA** 

BECEINED

CERTIFICATE OF DEATH 08724 Reg. Dist. No. & filed with ofter death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before admission) a COUNTY b. COUNTY Montgomery MARYLAND West Virginia CITY OR TOWN (If outside carporote limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) pe RURAL and give pearest, (pwn) Bethesda 14, Maryland Έ days Moundsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE The Clinical Center, Bethesda 14, Md. ON A FARM? 23 Elm Avenue YES NO 12 executed within 24 hours NAME OF Middle 4. DATE Month Year Dav DECEASED 1057 Shook Raymond Fmerson DEATH August (Type or print) 6. COLOR OR RACE 7 MARRIED TA NEVER MARRIED 9. AGE [In years 5. SEX B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS completely lost birthday) Doys Male White DIVORCED | September 9, 1926 WIDOWED [7] popers. 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINFSS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? eath Trucking U.S.A. Dockman West Virginia pup Ť ofter 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physicion Harry E. Shook Martha Higgins 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Yes 233-40-1550 The Clinical Center. Bethesda lh. Maryland 18 CAUSE OF DEATH [Finter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Purulent Casto Persons DUE TO ¥60 Conditions, If ony, which beub gave rise to immediate DUE TO per cause (a), stating the underlying cause last Carcinoma, with PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(9) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) Hour q. m While Not while at work a pl work 21. I certify that I attended the deceased from December 27 1956 August 1 that I last saw the deceased and that death occurred at 6:10 August P.M. from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL The Clinical Center Institutes of Health HOSPITAL PHYSICIAN'S Theodore Robinson, M. D. Bethesda 14. Maryland NAME (Type) TO FUNEZ 220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION IC ty, town, or county! (State) HOY Bur-Transi Halevon Hills 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Pumphrev Rethesda

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DELVER S 2007

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HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

NO 38 1957

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08619 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) COUNTY Filed **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside carporota limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If galaide corporate limits, write RURAL and give negrest town) RURAL and give nearest town) ₽ 0221 OC d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO -NAME OF 4. DATE Middle Day Year DECEASED Of OMP DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Doys DIVORCED [ WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) and cami bon pape er death. 12. CITIZEN OF WHAT COUNTRY? Adusing most of walking life, even if retired) Governent Selv offer 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ç physician hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. guip INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO serior, 244 Conditions, if any, which gove fite to immediate DUE TO couse (o), stoting the underlying couse lost 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stole) foctory, street, office bidg. etc.) Hour at work of work p. m 21. I certify that I attended the deceased from 192 Lithat I last saw the deceased At from the causes and an the date stated above. and that death accurred at 9 ADDRESS (Street, city or town, state) DATE SIGNED DIRECTO ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) may be poge 3 220 BURIAL, CREMATION, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) 0 USIERAL PIRECTOR'S SIGNATURE 240. RECIDATE REGISTRAR 246 REGISTIAN'S SUSTINATURE VS A15 (4) 15M P/55

Infanct, Myecardial, anderior, scate I days

Infanct, Myecardial, anderior, scate 3 days

Arthericsclaratic Itemt Disease Kyean

|   |   | 7         |         |   | MAF  | RYLAND ST                | ATE DEPAR                        | MENT OF                                | HEALTH              | -BALTIMO                        | ORE, 18   | 08                       | 727                       |
|---|---|-----------|---------|---|--|--------------------------|----------------------------------|--|---------------------|---------------------------------|---|--------------------------|---------------------------|
|   | ( | 1         |         |   | 08   | 620                      | CERTIFI                          | CATE OF                                | DEATH               |                                 | Reg. I  | Dist. No.                | 1/1/3                     |
| Page director   |   |           | O       |   | ntae me  |                          | MARYLA                           | I A STATE                              | residence (Who      |                                 | If institution Resid                            | ence before odr<br>irfax | nission)                  |
| the funeral   | _ | 600       | -/      | OKOMO   | (If outlide corporate leorest town)  TAL (If not in hospit |                          | . // " ./                        | Da.                                    | OR TOWN (IF DU      | p-                              | ors, write RURAL on C                           | lifton,                  | Va                        |
| filled ges 1 am   | н |           |         | NAME OF<br>DECEASED<br>Type or print)                           | Ean  | First                    | Middle                           | e. SA                                  | last //             | 4. DATE<br>OF<br>DEATH          | Month 7   | Doy _                    | Yeor<br>19 5              |
| rely Po   | _ |           | 5. 5    | EX /  | 6. COLOR OR RA   | ACE 7. MARRIED WIDOWED [ | DIVORCED                         | - many                                 | SIRTH<br>5-0        | O S. AGE                        | pirthday) Months                                |                          | Jes Min                   |
| an and comple<br>carbon papers.                                     | 1 |           | <       | guring most of we   | ON (Give kind of w<br>rking life, even if re               | tired)                   | o of Business or I               | (                                      | PLACE (STOTE O      | ,                               | 12,0  | 1. S                     | IAT COUNTRY?              |
| n certificate to<br>ing physician<br>e remove care<br>72 bours afti |   |           |         | WAS DECEASEDEV  | ER IN U. S. ARMED  | FORCES? 16. 500          | ial security no.  <br>-12-7356 / | 17. INFORMABIT                         | ington              | Sanitar                         | Address V-Hz                                    | 5/2//                    | Record                    |
| not the death y the attendi Then pleasevent within                  |   |           | -1      | PARTI DE  | ATH WAS CAUSED<br>IMMEDIATE CAU                            |                          | hartatie                         | preus                                  | word-               | 251                             | , 0   | INTERVAL<br>ONSET A      | BETWEEN<br>ND DEATH       |
| requires II<br>cian.<br>en signed b<br>onsit permit.<br>and in any  |   |           | Z       | Canditions, if gave rise to cause (a), stating tying cause last | the <u>under-</u>  | (c) (c)                  | remong                           | Jhe Dhe                                | inter               | fran.                           | endo -  | 79-44<br>- 62            | nouths                    |
| The lay<br>g physic<br>hos be<br>urial-tre                          |   | J         | FICATIO |   |  |                          | E HOW INJURY OCC                 |  |                     |                                 |   | PE                       | RFORMED?                  |
| attendin<br>artificate<br>as the b                                  |   | A C C 0 1 | AL CERT | OR CONTRIBUTING (IF EITHER, NOTIF                               | AS UNDERLYING CO CAUSE OF DE Y MEDICAL EXAMIN              |                          |                                  | `                                      |                     | 20f. (City or tow               |   | (County)                 | (State)                   |
| G PHYS<br>pital ar<br>r this a<br>for use<br>cremati                |   |           | MEDIC   | Hour o m.   |  | 19 While at work         | Not while at work                | factory, street, o                     | office bldg., etc.) |                                 |   |                          |                           |
| by the host<br>CTOR: Afte<br>e detached<br>r to burial,             |   |           |         | alive on  |  | the deceased, 12         | fromQf2.50                       |  | at 11 15            | M, fram the DDRESS (Street, cil | , 19,that<br>causes and an<br>y ar town, state) | the date st              | tated above.  DATE SIGNED |
| e regined<br>Exposite<br>Symid be<br>gistrar prior                  |   | 1         | ~       | PHYSICIAN'S<br>NAME (Type)                                      | Ithus  | FP                       | TYNE                             | 1110                                   | 200.64              |                                 |   |                          | LUNSKA                    |
| may be ro FUNE page 3 the regi                                      |   |           | 4       | BURIAL, CREMATI REMOVAL (Specification) FUNERAL DIRECTO         | 8-4  | -37                      | ADDRESS                          | 1 Mich                                 | welle               | BY REGISTRAR                    | 246 MEGISTRAR'S                                 | herre                    | Stote) /A-                |
| VS A15 (4)<br>15M 9/55  |   |           | 1       | For Ever  | - Les  | 1 Home:                  | role W                           | ٠ ــــــــــــــــــــــــــــــــــــ | aug                 | 5 195                           | The   | laontx                   | Juddy .                   |
|   |   |           |         |   | Om   | Mint                     | ma.                              | -                                      |                     | (                               |   |                          | A                         |

## BUREAU V. A.

DECENTIFIED TO SERVICE TO SERVICE

22¢ NAME OF CEMETERY OF CREMATO

Rock Creek Cemei

ADDRESS

Co.-2901 lith St. N.W.

Wash.D.C.

e. IS RESIDENCE ON A FARM?

Day

20

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

YES NO A

Year

10

|                                      |                   |                        |                        |   | -    |
|--------------------------------------|-------------------|------------------------|------------------------|---|------|
| ED TO THE TERMINA                    |                   | DITION GIVEN IN        | PART I(a)              | PERFORMED? YES . NO .                     |      |
| ture of injury in Pai                |                   |                        |                        |   |      |
| URY (Home, form, office bldg., etc.) |                   |                        | (County)               |   | _    |
| d ot 12:45                           | M, from the       | causes and a           | t I last s<br>n the do | aw the decease the stated above DATE SIGN | re . |
| e Clinica<br>e Nationa               | 1 Insti           | tutes_of               | Heali                  | 0/00/                                     |      |
| thesda 1                             |                   |                        |                        |   |      |
| ery                                  | Washin            | ton, D  24b. REGISTRAP | .C.                    | (State)                                   | _    |
| AUG                                  | <del>29 195</del> | 7 Be                   | mis                    | Thomps                                    | 3    |
|                                      |                   |                        |                        |   |      |

TO FUNE VS A15 (4) 1SM 9/SS

may

220 BURIAL, CREMATION, 226. DATE THEREOF

S.H. Hines

REMOVAL (Specify)
Burial

23 FUNERAL DIRECTOR'S SIGNATURE

TA NVac.

DECENTED SOL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

filed 8 pluods oug 8 Offer Poor that the څ peen ō HOSPITAL FUNE 0 VS A1S (4)

15M 9/55

BUREAU V. S.

SECEIVED SP 1957

ON A FARM?

YES TI NO FO

Year

WAS AUTOPSY PERFORMED?

(Stote)

10 57

haurs executed certificate be requires that the death TO FUNE

BUREAU V. A.

AUG 22 1957

BECEINEI

I

VS ATSME 5M 2757

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

| 08728 | MEDICAL | <b>EXAMINER'S</b> | CERTIFICATE | OF | DEATH |
|-------|---------|-------------------|-------------|----|-------|
|-------|---------|-------------------|-------------|----|-------|

|      |       | 60  | 1 | ฮ | 1 |
|------|-------|-----|---|---|---|
| Reg. | Dist. | No. | 7 | 4 | - |

| j   | PLACE OF DEATH  COUNTY  | 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission,  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|
|   | Montgomery  | AND STATE arvland b. COUNTY L'ontromery  |  |  |  |  |  |  |
|   | b. CITY OR TOWN (1 outside corporate limits, write RURAL on STAY IS and give negrest town)  | tb c CITY OR TOWN (If outside corporate lim is, write RURAL and give nearest town)   |  |  |  |  |  |  |
|   | Silver Spring 35 yrs.   | Silver Spring  |  |  |  |  |  |  |
|   | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  | d STREET ADDRESS ON A FARM   |  |  |  |  |  |  |
|   | 1911 Carmody Drive  | 1911 Carmody Drive   |  |  |  |  |  |  |
| 13  | 3. NAME OF First Middle   | Lest 4. DATE Month Doy Year  |  |  |  |  |  |  |
|   | (Type or print) Jane Ann St   | cark Beath August 17 1957  |  |  |  |  |  |  |
| 5   | 6. COLOR OR RACE 7 MARRIED NEVER MARRIED  | [autherboles Files |  |  |  |  |  |  |
|   | Female White WIDOWED TO DIVORCED  | March 13, 1861 96 m  |  |  |  |  |  |  |
| 1   | Od USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR It during most of working life, even if refired)                                  | IDUSTRY 11. B RTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY?  |  |  |  |  |  |  |
| -   | Housewife Own home  | London, Onterio U.S.A.   |  |  |  |  |  |  |
|   | 13. FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |  |  |  |  |  |  |
|   | Alexander McKinnon  | Margaret Topping   |  |  |  |  |  |  |
|   | 15. WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO.   | 17 INFORMANT Address Silver Spring, l.   |  |  |  |  |  |  |
|   | No none   | Mrs. W. Frank Clucas, 1911 Carmody Dr.   |  |  |  |  |  |  |
|   | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]   | INTERVAL BOTV.EE / ONSET AND DEATH   |  |  |  |  |  |  |
|   | PART I. DEATH WAS CAUSED BY: Decite Cardiar Parline Judan   |  |  |  |  |  |  |  |
|   | /X DUE TO   |  |  |  |  |  |  |  |
|   | Conditions, if any, which) (b) Care Brank W   | Jascular academit 8 mo   |  |  |  |  |  |  |
|   | gave rise to immediate cause (a), stating the underlying DUE TO   | The second secon |  |  |  |  |  |  |
|   | couse lest. (c)   |  |  |  |  |  |  |  |
|   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH   | BUT NOT RELATED TO THE TERM NALD SEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?   |  |  |  |  |  |  |
| j   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURT PRIMARY CONTRIBUTING CAUSE OF DEATH. | YES NO   |  |  |  |  |  |  |
|   | 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   | ED (Enter noture of injury in Parl I or Part II of Item 18)  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |  |
|   |   | PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) factory, street, office bidg., etc.)   |  |  |  |  |  |  |
| 1   | Hour o. m. While Not while p. m. 19 of work of work   | recory, street, write orogi, are y   |  |  |  |  |  |  |
|   | 21. I certify that I took charge of the remains described   | abave, held an Autapsy . Inspection . Inquiry . and in my  |  |  |  |  |  |  |
|   | opinion death resulted fram: Natural causes 📈, Accide   | ent [], Suicide [], Hamicide [], Undetermined manner []  |  |  |  |  |  |  |
|   | 2-12  | DATE SIGNED  |  |  |  |  |  |  |
| SIGNATURE Trank J. Donachart M.D CHIEF MEDICAL EXAMINER |   |  |  |  |  |  |  |  |
| 1   | EYALINED'S  | ASSISTANT MEDICAL EXAMINER   |  |  |  |  |  |  |
|   | EXAMINER'S Erank J. Broschart, M. D.  | DEPUTY MEDICAL EXAMINER 2 8-17-57  |  |  |  |  |  |  |
| 1   | 120 BUR AL CREMATION, 226 DATE THEREOF REMOVAL (Specify)  | Y OR CREMATORY 22d LOCATION (City, town, or county) (State)  |  |  |  |  |  |  |
|   | Cremation 8/19/57 Ft. Line  | coln Cematery Hyattsville, Maryland  |  |  |  |  |  |  |
| 1   | so reneral director's signature sources Sprill  | 246 REC D BY REGISTRAR   246 REGISTRAR'S SIGNATURE   |  |  |  |  |  |  |
| ĸ   | comercia manger of " TIVEL SPILI  | DATE 8/265) Stances Tollar   |  |  |  |  |  |  |

BUREAU V. A.

AUG 88 1957

BECENAED

. /Cicl M.D. U.S. Naval Hospital, Bethesda, Md. 8-3-57

PHYSICIAN'S Bruce H. RICE, LT.MC, USN NAME (Type)

**ACTUAL** 

SIGNATURE

U.S. Naval Hospital, Bethesda, Md.

220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Private Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE

22d. LOCATION (City, town, or county) Danville. Virginia

Pumphrey, 7557 Wisconsin Ave., Bethesda, Md. DATE 8-3-5

240. REC'D BY REGISTRAR 245 REGISTRAR S SIGNATORE

(Stole)

rance

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FUNE

Pe

BUREAU V. E.

DE CEINED

22¢ NAME OF CEMETERY OR CREMATORY

Monocacy

ADDRESS

Robert A. Pumphrey-7557 Wis. Ave. Bethesda, Md. T

Yepr

195

(State)

Maryland

22d LOCATION (City, Jown, or county)

24b REGISTRAR'S SIGNATURE

Montgomery Co.

24a, REC'D BY REGISTRAR

Ö VS A15 (4) 15M 9/55

220. BUR AL, CREMATION, 226. DATE THEREOF

23 FUNERAL DIRECTOR'S SIGNATURE

8/19/1957

BIRGAROYAL (Specify)



DECEINED

|               | MARYLAND STA  | TE DEPARTM          | ENT OF HEALTH  | BALTIMORE, 18                     | В            | 0873          | 14              |
|---------------|---|---------------------|--|-----------------------------------|--------------|---------------|-----------------|
|               | 08622*  | CERTIFICA           | ATE OF DEATH   |                                   | Reg. Dist.   | No. 2         | 23              |
| 1.            | PLACE OF DEATH  |                     | 2 USUAL RESIDENCE (Whe   | re deceased lived. If institution |              |               | ani             |
|               | o. COUNTY Montgomery  | MARYLAND            | o. STATE   | land b. COUNTY                    | Prin         | · 6 P         | 10.05           |
| r             | b. CITY OR TOWN (If outlide corporate lights, write   c LEN   | GTH OF STAY IN 16   | c CITY OR TOWN (IL/ou  | tside carporote limits, write RU  | RAL and give | nearest lawn) | 1               |
|               | RURAL and give nearest towns Takama Park  | 14hrs               | Adelo  | hi I                              |              |               | *               |
|               | d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION.   | ),                  | d. STREET ADDRESS  |                                   |              | e. IS RESI    | DENCE           |
| L             | washington Sant H   | כן פט               | 2606 H   | ughes Ind.                        |              | YES 🗍         |                 |
| 3.            | NAME OF First   | Middle              | Last   | 4. DATE Month                     | 1            | Doy Y         | ear             |
| L             | (Type or print)   Nary  |                     | Stout  | DEATH Cluy                        | <b>7.</b> .  |               | 95/             |
| 5.            | <i></i>   | NEVER MARRIED       | B. DATE OF BIRTH   |                                   | Months Do    | EAR IF UNDER  | R 24 HRS<br>Min |
|               | 1-e Cauc, WIDOWED 12  | DIVORCED            | 4/2//73  | 827                               |              |               |                 |
| 10            | <ul> <li>USUAL OCCUPATION (Give kind of work done 10b KIND (<br/>during most of working life, even if retired)</li> </ul> | OF BUSINESS OR INDU | STRY IT BIRTHPLACE (Stote o  | r tareigh country)                |              | N OF WHAT     | COUNTRY?        |
| 13            | FATHER'S NAME   |                     | 14. MOTHER'S MAIDEN NA   | LARS 1                            | U            | 2 m           |                 |
|               | Agron Newman  |                     |  | WHE                               |              |               |                 |
|               | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL   | SECURITY NO. 17. I  | NEQVES<br>NFORMANT   | Addre                             | 23.0         |               |                 |
| JY.           | ns, no. at unknown) (11 yes, give mar or dates all service)   |                     | 1.650 Recoi  | rds                               |              |               |                 |
| -             | 18. CAUSE OF DEATH [Enter only one couse per tine for (c  | u). (b), and (c) ]  | MAKMBAEK   | itaraan                           |              | INTERVAL BET  | WEFN            |
|               | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SOON   | taneous 1           | +  | et or learny                      |              | ONSET AND     | DEATH           |
|               | DUE TO  |                     |  |                                   |              |               |                 |
|               | Conditions, if any, which ) (b)   | sture o             | f stomac   | h                                 |              |               |                 |
|               | gove rise to immediate DUE TO   |                     | ı  |                                   |              |               |                 |
| _             | lying cause lost. (c)   |                     |  |                                   |              |               |                 |
| CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRI  | BUTING TO DEATH BUT | NOT RELATED TO THE TERMIN  | IAL DISEASE CONDITION GIVE        | N IN PART 1  | o) 19. WAS A  | MED?            |
| Į,            | 200 ACCIDENT WAS UNDERLYING 1 206 DESCRIBE H  | I US                | D. (Enter noture of injury in Po   | et Lor Port II of item IR )       |              | YES 🔀         | NO [            |
| CERT          | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   | OW WOOK! OCCORRE    | D. Ishier nother of injury in the  | at the total and seem to a        |              |               |                 |
|               | 20c. TIME OF INJURY Month, Doy, Year 20d INJURY   | OCCURRED 20e PL     | ACE OF INJURY (Home, form,   | 20f. (City or tawn)               | (Cov         | nty)          | (Stote)         |
| MEDICAL       | Haur o.m. While N at wark of  | lot while fa        | ctary, street, office bldg , etc.)   |                                   |              | **            | ` '             |
| *             | 21. I certify that I attended the deceased fro  | *** 2:              | 1057 10 4  | ngust 1 1957                      | that I las   | t saw the     | dana naƙal      |
| L             | alive on July 31 , 1957   | _, and that death   | 4 4-10   | AM, from the couses or            |              |               |                 |
| ı             | 0 000   | e a                 |  | DORESS (Street, city or tawn, s   |              |               | TE SIGNED       |
|               | SIGNATURE (Bennet U. Vorl   | en mp               | MD. 9301 Coles   | ville Rd., Silve                  | r Spri       | ng,Md.        | Aug. 1,5        |
|               | PHYSICIAN'S<br>NAME (Typo)  |                     |  |                                   |              |               |                 |
| 22            | BURIAL CREMATION, 226. DATE THEREOF 22C. 1 3 PRIMOVAL (Specify) 7-2-1957 Mo   | NAME OF CEMETERY O  | MURIAL PAPK  | NEW SAREWS                        | County)      | (State        | J.              |
| 23            | ELINERAL DIRECTOR'S SIGNATURE A   | DORESS              | 240. REC'D   | AY REGISTRAR 246 RECIS            | WAR'S SIGNI  | ATURE X       | 01              |
|               | Losella Lawrers hoto, 175   | 6 Pa. Ux            | M.W.D. CDATE D   | 13/57 / 1                         | Why          | XCP           | 161             |
| 7             |   |                     | The state of the s | 7 1/                              |              | -             |                 |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUTEAU V. S.

MINE SELL VERY

08731 CERTIFICATE OF DEATH Reg. Dist. No. with w directar Poge 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH filed o COUNTY **b** COUNTY MARYLAND Montgomery Montgomery Marvland b. CITY OR TOWN (If outside corporale limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest lown) Silver Spring Silver Spring d NAME OF HOSPITAL (If not in hospitol, give street oddress)
OS 12 Kinloch Road (Hi d STREET ADDRESS . IS RESIDENCE ON A FARM? (Hillendale 10512 Kinloch Rd. (Hillendale NES NO F NAME OF 4. DATE Middle DECEASED OF DEATH Belle Stultz August Mar (Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years (ay birthdoy) Months Oct. 12. white WIDOWED K female DIVORCED [ ond complei 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSEWITE Woodstock, Va. U.S. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME physician John W. Baker Copp Frances 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Silver Rd. Spg. John S. Stultz-10512 Kinloch 18 CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL PETWEEN Nou PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) oronar Candilians, if any, which been signed -transit permi gave rise to immediate cause (a), sloting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1/19 WAS AUTOPSY PERFORMED? SCRLOSIZ YES NO IC 200 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DOR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18) 20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slate) factory, street, office bldg., etc.) While Not while ot work at work 195 /that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred IIM, fram the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) TO FUNE 220 BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (C'ty, lawn, or county) (State) Burial Cemetery Woodstock, Virginia Massanutten 240. REC'D BY REGISTRAR - 46 REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hines Co. Washington, D. VS A15 (4)

decth.

executed within

O HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

BUREAU V. E.

2961 UU 971V

MAINE SE

## FOR STATE HEALTH DEPT.

I

o DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute "high-certificate withing the ward." pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the furth indirector. Page 4 should farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain your files of FUNE. I DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death.

| UTY MEI  | Te 15 year | Š     | 会に見    |  |
|----------|------------|-------|--------|--|
| TO DEPU  | CXCC       | 4 sho | TO FUL |  |
| VS<br>5/ | A<br>VL 1  | 15/   |        |  |

|               | MARYLAND STATE DEPARTM  | ENT OF HEALTH—BALTIMORE, 18  |                  |
|---------------|---|--|------------------|
|               | 08623 MEDICAL EXAMINER'   | S CERTIFICATE OF DEATH Reg. Dist. No.  | 13               |
| 1.            | PLACE OF DEATH  G COUNTY  | 2. USUAL RESIDENCE [Where deceased lived. If institution: Residence before admission   | n)               |
| -             | Montgomery  | mary tand moneg.   | ***              |
|               | b. CITY OR TOWN 11 outside corporate hunts, write RURAL or STAY IN 16 and give representations. Park 11 yrs.  | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  // Takoma Park   |                  |
|               | d NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) 7114 Popular Ave.   | d street Address / 7114 Popular Ave.   d street Address   0.15 RESID   | ARMP             |
| 3.            | NAME OF DECEASED Ella D Middle Susses   | A. DATE 8/12/57 Death 8/12/57 Doy Year   |                  |
| 5.            | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1  female white widowed 1 DIVORCED 1  | 8. DATE OF BIRTH  12/14/65  9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 2 Hours   Minths   Days   Hours   Minths   Mint | The state        |
| 10            | a USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDUS<br>during most of working life, even if refired)   | TRY 11. SIRTHPLACE (Stole or foreign country)  Canada  12. CITIZEN OF WHAT COUNTRY  USA  | UNIRY            |
| T             | FATHER'S NAME   | 14. MOTHER'S MAIDEN NAME   |                  |
|               | John Dilzell  | NOT KNOWN  |                  |
|               | m. no. or unknown) ). If we give wo or dates at service)  | INFORMANT Address  |                  |
| _             | Ao Mai  | rguerite S. Terry Item 2   |                  |
|               | 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Coronary occlus:  | ion Interval More to the control of  |                  |
|               | PART I. DEATH WAS CAUSED BY. Goronary occlus:   | FOU  |                  |
|               | † DUE TO  |  |                  |
| П             | Conditions, if any, which gave rise to immediate cause (b)  | Approximate the second  |                  |
| L             | (a), stating the underlying DUE TO  |  |                  |
| Z             | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT   | NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTO  | OPSY             |
| ATIO          | 704.9 Fracture of rt. hip June 1957   | PERFORME   | D7<br>0 <b>7</b> |
| CERTIFICATION |   | (Enler nature of injury in Part I or Part II of Item 18.)  |                  |
| WEDICAL       | 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED to PU While Not while  | ACE OF INJURY (Home, farm., 20f. (City or tawn) (Caunty) (Stary, street, office bldg , etc.)   | lote)            |
| 2             | p. m. 19 at wark of wark 21. I certify that I took charge of the remains described about  | and held on Automa D. Landin D. Land |                  |
|               | opinion death resulted from: Natural causes . Accident  |  | n my             |
|               | ACTUAL SIGNATURE Trank J. Buschart  | _M.D. CHIEF MEDICAL EXAMINER []  | ED               |
|               | EXAMINER'S Frank J Broschart  | ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   8/12/57   |                  |
| 27            | a BURIAL CREMATION 22th DATE THEREOF 22 NAME OF CEMETERY OF REMOVAL GROUPS (Cluq 14, 1957 H20/132 WUSKUM LUNEBAN DIRECTOR'S SIGNATURE ADDIESS ADDIESS AUTHOR WILLIAM 254 Carroll Wi | R CREMATORY  2724 DECTION (City Jown, or county)  (Stole)  1 WREL  240 PEC'D BY RECISTRAR  240 PEC'D B | d-               |

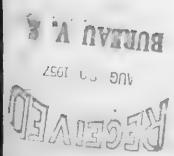
BUREAU Y. S.

AUG 1 6 1357

BECENED

08737.08732 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) o. COUNTY b country Montgomery Montgome ry MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) TUCK. days Gaithersburg. Inev d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NAMO County General Hospital Rt. ontgomerv NAME OF Middle 4. DATE Last Month Day Year DECEASED Willnett Tates (Type or print) 57 DEATH AUGUST 15 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy] Months Doys Femade Colored widowed DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired)
av Work (Domestic Virginia USA carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown гета 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Record 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 飞 PART I. DEATH WAS CAUSED BY: rebro Vascular accident IMMEDIATE CAUSE (o) **DUE TO** pertension Conditions, if any, which ] been signed gave rise to immediate **DUE TO** couse (o), sloting the underlying couse lost. burial-transit CATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPSY remayal, PERFORMED? YES TO NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (Stote) Hour a. n. factory, street, office bldg., etc.) Not while While of work of work p. m. 21. I certify that I attended the deceased from that I last saw the deceased and that death occurred at 8:13AM, from the causes and on the date stated above. alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) . Meadors. M. D. Damascus, Maryland 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Brooke Grove. Laytonsville. 9 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Rockville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08733 **CERTIFICATE OF DEATH** director haurs after death. Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Lont gonery o. COUNTY should be filed MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Hyattstown Harattstown d. NAME OF HOSPITAL (IF not in OR INSTITUTION NAME OF DECEASED executed within 24 Pages (Type or print) 5. SEX 6. COLOR O and completely Male Whit papers. 10a USUAL OCCUPATION (Give kind carbon pap Retired Y.M.C. requires that the death certificate be 13. FATHER'S NAME Hiram Tho 15. WAS DECEASED IVER IN U. S. AR Yes 18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CAL Sub Conditions, if any, which After this certificate has been signed gave rise to immediate cotse (o), stoling the underdetached for use as the burial-trans't to burial, cremation, or removal, and lying cause lost. PART II. OTHER SIGNIFICA CERTIFICATION 3 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET, NOTIFY MEDICAL EXA 20c. TIME OF INJURY Month. Hour o.m. p. m. 21. I certify that I attend alive on. PRECTOR ACTUAL SIGNATURE ĕ ined PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION. Cremation

087382// Reg. Dist. No.

Montgomery

**b.** COUNTY

| aspital, give                         | street addre | ria)                |           | d. STREET A                         | OORES\$                  |              |                  |            |         |                     |        | DENCE<br>FARM?<br>NO |
|---------------------------------------|--------------|---------------------|-----------|-------------------------------------|--------------------------|--------------|------------------|------------|---------|---------------------|--------|----------------------|
| First                                 |              | Middle              |           | Last                                |                          | 4. DATE      |                  | Month      |         | Day                 | ١      | /ear                 |
| FREDE                                 | RICK         | DELOS               |           | THOMPSO                             | N.SR.                    | OF<br>DEATH  | A                | ugus       | t       | 12.                 | 1      | 9 57                 |
| OR RACE 7.                            | MARRIED      | NEVER MARRIE        | 0   B     | DATE OF BIRTH                       |                          |              | 9 AGE (In )      | ears IF    |         | YEAR IF             | UNDE   | R 24 HRS.            |
| e w                                   | IDOWED [     | DIVORCE             |           | March 2                             | 5, 18                    | 389          | 68 inthe         | yrs. M     | ionths  | Doys   1            | laurs  | Min.                 |
| of work dan<br>if retired)<br>A •     | _            | OF BUSINESS O       | R INDUST  |                                     | CE (State                | _            | ountry)          |            | 12 CITI | ZEN OF              |        | COUNTRY?             |
|                                       |              |                     |           | 14 MOTHER'S                         |                          |              | D 3              |            |         |                     |        |                      |
| mpson                                 |              |                     |           |                                     | La <b>yı</b> ı           | a B.         | Keed             |            |         |                     |        |                      |
| MED FORCES                            |              | -26-1004            | Mrs       | Eva H.                              |                          | mson,        | Hyatts           | Address    |         | ryla                | nd     |                      |
| ily ane cause<br>SED BY:<br>CAUSE (a) | per line for | (0). (b), and (c)   | \         | REBRA                               | hen                      | MOR          | RhA              | 6-e        |         |                     | AND    | DEATH                |
| DUE TO                                | BH,          | DERT                | EN.       | sion                                |                          |              |                  |            |         | 3                   |        |                      |
| DUE TO                                | /            | -1                  |           |                                     |                          |              |                  |            |         |                     |        |                      |
| (c)                                   |              |                     |           |                                     |                          |              |                  |            |         |                     |        |                      |
|                                       |              | RIBUTING TO DEA     |           |                                     |                          |              |                  |            | IN PART | ` '                 | PERFO  | RUTOPSY<br>RMED?     |
| F DEATH                               | B. DESCRIBE  | HOW INJURY OF       | CORRED    | (Enter noture of                    | injury in                | rort tar far | 1 H of Item 18   | 5.)        |         |                     |        |                      |
| Day, Year                             | While        | Not while of work   | 20e. PLAC | CE OF INJURY (Harry, street, affice | lome, farm<br>bidg., etc | ., 20f (City | ar tawn)         |            | {C      | aunly)              |        | (State)              |
| ded the de                            | eceased f    | rom. 8 -            | 11-       | 195                                 | 7 to                     | 9-11         | 19               | 57         | hat I I | ast saw             | the    | deceased             |
|                                       | 1957         | , and that          | death (   | occurred at.                        | 2:45                     |              |                  |            |         |                     |        |                      |
|                                       | Ma           | ilm                 |           |                                     | -                        | ADDRESS (S   | treet, city or t | lawn, stol |         | nı                  |        | TE SIGNED            |
|                                       | 5.0          |                     |           |                                     |                          |              |                  |            |         | , with filling on m |        |                      |
| R. Ma                                 | artin        |                     |           |                                     |                          |              |                  |            |         |                     |        |                      |
| E THEREOF                             |              | NAME OF CEME        | TERY OR   | CREMATORY                           |                          | 22d. LOCA    | TION (City, to   | wn, or c   | aunty)  |                     | (State | )                    |
| 13.19                                 | 957 F        | ort Line            | oln (     | Cremator                            | v                        | Bla          | dough            | ME.        | Mam     | land                |        |                      |
| Son,                                  |              | ADDRESS<br>rick, Ma |           |                                     | 24a. PECT                | DISCRECE     | 5 195            | REGISTRA   | 177     |                     |        | Stor.                |
|                                       |              |                     |           |                                     |                          |              | 14,43            |            |         |                     |        |                      |

TO HOSPITAL TO FUNER VS A15 (4) 15M 9/S\$

23 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison &

BUERNA V. S.
ANG TE 1021

\* \*\*\*

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 1c Figure 1 CERTIFICATE OF DEATH

08740

Reg. Dist. No. 216

|               | PLACE OF DEATH   | Montgom   | Bry ~ MARYLAND   | 2. USUAL RESIDE<br>0. STATE M                 | NCE (Where doced  | b. COUN  | ution-Residence IMontgo |                     | mission)               |
|---------------|--|---|--|---|---|--|-------------------------|---------------------|------------------------|
|               | Bethesda   | If autside carparate limits, write<br>earest tawn)                | c. LENGTH OF STAY IN 16  | [1  | WN (If outside co.  | rporote limits, write  | RURAL and g             | ive nearest t       | rawn)                  |
|               | OR INSTITUTION   | ral (If not in hospital, give street cal Center, Bet)             |  | d STREET ADI                                  |   | rfield Ro  | ad                      | i Oi                | RESIDENCE<br>N A FARM2 |
|               | NAME OF<br>DECEASED<br>(Type or print)                               | Donald  | Middle<br>Howard   | Urso  | 4. DATE<br>OF<br>DEA                                      | A  | ugust                   | Boy                 | Yea 57                 |
| 5.            | Male Male  | 6. COLOR OR RACE 7. MARR WIDOWE                                   | DIVORCED   | B DATE OF BIRTH August 7,                     | 1950  | 9. AGE (In year lost birthday                                  | Months                  | Doys Hou            | NDER 24 HRS<br>Jrs Min |
| 100           | USUAL OCCUPATION during most of world North                          | ON (Give kind of work dane 10b. king life, even if retired)       | None   |   | ct of Co.   |  | 3                       | S.A.                | HAT COUNTRY?           |
| 13.           | FATHER'S NAME  |   |  | 14. MOTHER'S M                                |   |  |                         |                     |                        |
|               | Joseph H.  |   |  |   | ta Kilby  |  |                         |                     |                        |
|               |  | If yes, give wor or dates of service)                             |  | nformant The Clinic                           |   |  |                         | Maryl               | and                    |
|               | 204,0  |   | · ulceration Ike   |   |   | trointesti   | ns/                     | INTERVAL<br>ONSET A | L BETWEEN<br>ND DEATH  |
| _             | Conditions, if a gave rise to i cause (a), stating lying cause last. | nmediate he under- (c)  | Leukemia,  | · · · · · · · · · · · · · · · · · · ·         |   |  |                         |                     |                        |
| CERTIFICATION | PART II. OT?   | HER SIGNIFICANT CONDITIONS C                                      | ONTRIBUTING TO DEATH BU  | NOT RELATED TO T                              | HE TERMINAL DISE  | ASE CONDITION (  | GIVEN IN PART           | PEI                 | AS AUTOPSY<br>REORMED? |
|               | 20a. ACCIDENT WA<br>OR CONTRIBUTING<br>(IF EITHER, NOTIFY            | AS UNDERLYING TO 206. DESC<br>CAUSE OF DEATH<br>MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURR  | ED (Enler nature of i                         | njury in Part I ar I                                      | Port II of item 18.)   |                         |                     |                        |
| MEDICAL       | 20c. TIME OF INJUR<br>Hour o. n.<br>p. m.                            | While   | Not while to work to the property of the polymers and the polymers are property of the polymers. | ACE OF INJURY (Ho<br>actory, street, office b | me, farm, 20f. (d<br>ldg., etc.)                          | lity or town)  | (C                      | ounty)              | (State)                |
|               | ACTUAL SIGNATURE   | Roger Lester  | A, and that death  | M.D. The                                      | L:00 A <sub>M, fr</sub><br>ADDRESS<br>Clinica<br>ional In | om the causes<br>(Street, dity or town<br>1 Center<br>stitutes | and an th               | ne date st<br>8/    |                        |
| 22c           | NAME (Type)  | ON, I 22b. DATE THEREOF   | 22c. NAME OF CEMETERY CARLINGTON NAT   | OR CREMATORY                                  | 22d. LO   | Marylai  Ation (City, fow)  LINGTON                            | , ar county)            | 1                   | State)                 |
| _             | FUNERAL DIRECTOR   |   | ADDRESS  | 2 3470  | 4g. REC'D BY REG  | ISTRAR 24b. RE   | GISTRAR'S SIG           | NATURE              | 100-4                  |

BUREAU V. S.

NO SECENTED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08735 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 215 cremotion PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Ohio MARYLAND Montgomery ouriel. 5. CITY OR TOWN Its outside corporate limits, write RURAL c. LENGTH OF STAY IN 15 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town) | > and give negres! fown! Cleveland dav Bethesda (Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS. e. IS RESIDENCE ON A FARM? U.S. Naval Hospital, Bethesda, Maryland 13914 Benwood Avenue YES 🗍 NO 🏗 NAME OF DATE Month Year DECEASED 57 31 (Type or print) ERMRK WACHOWSKI DEATH August Ronald 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH 5. SEX 9 AGE In years IF UNDER TYPAR IF UNDER 24 HRS. lost birthday) Months White Male WIDOWED [7] DIVORCED | Dec. 1936 yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ₽ ~ı U.S. Ohio None Student 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may Edward WACHOWSKI Sophie CHUDZIK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) (Mother) Mrs. Sophie WACHOWSKI (Same As #2) Unknown Yes, Currently 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: 28 hours Cerebral Hemorrhage IMMEDIATE CAUSE (a) **DUE TO** Fracture of Skull Conditions, if env. which ] gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19 WAS AUTOPSY PERFORMED? Multiple Fractures of Face NO IX 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Was driver of auto which failed to make curve on highway 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) [County] (State) Street, affice bldg., etc.) While Not while at work at Arlington, Virginia Arlington. Aug. 30, 57 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and find that the Chief death resulted from: Notural couses , Accident XI, Suicide . Homicide . Undetermined couse . DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER **EXAMINER'S** 8-31-57 DEPUTY MEDICAL EXAMINER [7] NAME (Type) Frank J. Broschart, MD 22a BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) ě REMOVAL (Specify) 0 Calvary Cemetery Cleveland, Ohio Burial **ADDRESS** 23. PUDIERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR LAND BEGISTRAR'S SIGNATURE VS. A15ME(5) Wisconsin Ave., Bethesda, Md DATE Kanle 5M 9/55

DEPUTY

BECEIN

BUREAU V. S.

SEP 4 195

PUNTERAL DIRECTOR'S SIGNATURE

ADDRESS Rockville. Md. 24g, REC'D BY REGISTRAR

24b. REGUSTRAR'S SIGNATURE

(County)

e. IS RESIDENCE ON A FARM?

Day

USA

6

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES TON THE

(State)

(State)

YES NO

Year

19

57

BECENAEL

BUREAU V. S.

SEP 3 1557



BUREAU V. C.

b. COUNTY

1. PLACE OF DEATH

o. COUNTY

CITY OR TOWN FUT ourside corporate limits, write RURAL and give theorest town. MON ID c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES | NO K Dantag NAME OF 4. DATE First Middle Loss Yeor DECEASED OF DEATH (Type or print) 195 9. AGE (In years last birthday) FAUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days 30 - XXX WIDOWED [ DIVORCED [ 48 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Diamond Cab Co merican 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nama 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 214-03-8718 7410 Ga Ave Washington. INTERVAL BETWEEN D. C 18. CAUSE OF DEATH [Enter only one couse per FART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 46-60-1 DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (o), sloting the underlying couse lost. CERTIFICATION PAIT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19. WAS AUTOPSY PERFORMED? 200 ACC DENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c TIME OF INJURY Month, Day\_Year 70d INJURY OCCURRED 20e PLACE OF INJURY-thome form, 20f (City or lown) (Stole) [County] foctory, street, office bldg , etc.) -While Not white of work of work 7, 1957, that I last saw the deceased 21. I certify that I attended the deceased fram,... and that death accurred at 4.C. D. M. from the causes and an the date stated above. ADDRESS (Street, city of town, state) DATE SIGNED ACTUAL SIGNATURE NAME (Type) 22d, LOCATION (City town or county) 220. BURIAL, CREMATION, 22b. DATE 22c. NAME OF CEMETERY OR CREMATORY (State) TRANS. & BURIAL 8/ SHADY GROVE CEMETERY DUNN NORTH CAROLINA 246 RECUSTRATES SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240, REC'D-ET REGISTRAR axuar 5. Turkah

BECEINED

BUREAU V. M.

7561 88 DUI

CERTIFICATE OF DEATH 08739 Reg. Dist. No. I director. death. Page 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. COUNTY CL LOUNTY TEOM MARYLAND erol b. CITY OR TOWN (If outside corporale I mits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 15 RURAL and give nearest town) d NAME OF HOSP TAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE 74 OR INSTITUTION ON A FARM? YES | NO | 3, NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) IF UNDER TYEAR IF UNDER 24 HRS 5. SEX 9. AGE (In years lost birthdoy) Months and complete on popers. death, DIVORCED T WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? most of warking life, even if retired) puod pond 13. FATHER'S NAME ARGAKE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT nding ts. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c) ] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ō Exsanguination DUE TO á 24 Hours Conditions, if any, which Bleeding Duodenal ulcer gned gave rise to immediate DUE TO couse (a), stating the underlying couse last. CERTIFICATION PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔀 NO 🗍 20a. ACCIDENT WAS UNDERLYING [] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 2Ge. PLACE OF INJURY (Home, form, 20f. (City or Jown) 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg , etc.) Hour o. m While Not while at work al wark 21. I certify that I attended the deceased from \_\_\_,that I last saw the deceased alive an and that death occurred at M, from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION, FUN P 225. DATE THEREOF (Stole 0 **ADDRESS** 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VS A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08740 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write Wash c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) NORBECK MD. 21 Months. Washington D.C. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 1209 Holly St. PHILOMENA REST HOME NAME OF First Middle 4. DATE DECEASED (Type or print) JOHN L WISE DEATH 8/26/57 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. P. AGC [In years lost birthday Months OCT 11 1887 WIDOWED # DIVORCED [ papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. GOV'T. VA carbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES B WISE. TABILITATIA ARIVERNIJURGISUS. nove 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs Grace W Morrison. Dayton Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONCHOGENIC CARCINONA PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cottse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED Hour o. m. factory, street, office bldg., etc.) Not while at work of work p. m. 21. I certify that I attended the deceased from 3 26, 19-1 Z, that I last saw the deceased that death occurred at Self M., from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 270. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Pr Georges Co Md. Lincoln Com 10

**ADDRESS** 

Worn 5732 Georgia Ave N. Whate

FUNERAL DIRECTOR'S SIGNATURE

15M 9/55

e. IS RESIDENCE ON A FARM?

YES NOW

Year

19

Min

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES TO NO TO

(State)

**DATE SIGNED** 

(Stote)

U.S.A.

Day

Dovs

(County)

24b. REGISTRAR'S SIGNATURE

24a, REC'D BY REGISTRAR

BOURYO N. W.
SEP 3 1025
SEP 3 102

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

N'A IL

/IC 15 162V

MECENED

|   |  | ı  |  |   |
|---|--|--|--|---|
| TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe- | ite the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral diggstor. Page 4 should be | rwar was the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fi | TO FUNR PIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registral point burial, cremation, |   |
| 5   | U  | f  | 9  | - |
|   |  |  |  |   |

|    |               | A. COUNTY Montgomery   | MARYLAND  |  | where deceased lived. If institution yla nd b. count | vian: Residence P.G. | before admission)  |
|----|---------------|--|---|--|--|----------------------|--|
|    | t             | c. CITY OR TOWN (It outside corporate limits, write RURAL and give pagest form). Park  | C. LENGTH OF STAY IN 16                           | c. CITY OR TOWN (I   | f outside corporate limits, write<br>by Park         | RURAL and gi         | V  |
| 99 | 9             | NAME OF HOSPITAL OR INSTITUTION (If not in Washington San. and Hos   | hospital, give street address) spital             | d. STREET ADDRESS  | Merimack Dr.   |                      | o. IS RESIDENCE<br>ON A FARM?<br>YES NO P  |
|    | 3.            | NAME OF First DECEASED Hattie  | Middle You  | 0  | 4. DATE Mont OF B/12                                 | 7/57                 | Day Yeor<br>19   |
|    | 5. 5          | fomolo ool   | RRIED NEVER MARRIED 8.                            | OATE OF BIRTH  | 9. AGE (in years some some strike)                   | Months Da            | EAR IF UNDER 24 HRS.<br>ys Hours Min.  |
| I) | 10a           | . USUAL OCCUPATION (Give kind of work done 10) uring most of working diagreeven if retired)  | NA HOME   | Y 11. BIRTHPLACE (Stote                                      | ar foreign country)                                  | 12. CITIZE           | N OF WHAT COUNTRY?   |
|    | 13.           | EATHER'S NAME Scott  |   | 14. MOTHER'S MAIDEN I  | 400  | n                    |  |
| 0  |               | WAS DECEASED EVER IN U. S. ARMED FORCES? no, or unknown] [If yes, give wer or dates of service]  | 6. SOCIAL SECURITY NO. 17. IN                     | Hospital   | Record   |                      |  |
|    |               | PART I. DEATH WAS CAUSED BY:  MMEDIATE CAUSE (a)  Canditions, if any, which gave rise to Immediate cause (a), stating the underlying cause lost. | Coronary Occ                                      | clusion  |  |                      | OPEL CONTROL OF STATE |
| ٥  | CERTIFICATION | PRIMARY LI OF CONTRIBUTING LI  | CONTRIBUTING TO DEATH BUT NO                      |  |  | VEN IN PART 1        | PERFORMED?   |
|    | MEDICAL CE    | CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20. Hour o, m, W   | d. INJURY OCCURRED 20e. PLACI factor work at work | OF INJURY (Home, farm<br>y, street, affice bldg., etc        | n, 20f. (City or fawn)                               | (Count)              | (Stole)  |
|    |               | 21. 1 certify that I took charge of the death resulted from: Natural causes  |   | e, held an Autops<br>de [], Homicide                         | _  |                      | X, and find that   |
| 2  |               | SIGNATURE Jack J. Brose NAME (Type) Frank J. Brose   | chart.  | M.D. CHIEF MEDICAL EX<br>ASSISTANT MEDICAL<br>DEPUTY MEDICAL | AL EXAMINER  | <b>1</b> 2/57        | DATE SIGNED  |
|    | 22a           | BURIAD CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 8-16-5-7   | Plianant Si                                       | REMATORY CEMELIA   | 22d. LOCATION (City, town                            | pr county)           | , Va.  |
|    | 23.           | FUNERAL DIRECTOR'S SIGNATURE   | ADDRESS   | 24a, REC   | D BY REGISTRAR 246, REGI                             | STRAR'S SIGN         | ATURE  |

NOTE CETA ED

VS A15 (4) ISM 9/55

| IARYLAND           | STATE | DEPARTMENT        | OF | HEALTH- | -BALTIMORE, | 18 |
|--------------------|-------|-------------------|----|---------|-------------|----|
|                    |       |                   |    |         |             |    |
|                    | 31416 | FACE TO RESIDENCE |    | BEALISE | -24         |    |
| 11.11.1 1 11.11.10 |       |                   | -  |         |             |    |
|                    |       |                   |    |         |             |    |

08742 CERTIFICATE OF DEATH

08751<sub>215</sub>

| O COUNTY MOT   | ntgomery  |  | MARYLAN  | II n STATE                           |                         | yland                                    | lived. If institu<br>b. COUNT                      | Υ                                   | rles                   | dmission)                                |
|--|---|--|--|--------------------------------------|-------------------------|--|--|-------------------------------------|------------------------|--|
| RURAL and give n   | outside corporate limited (Rural)                       | ts, write c.   | 50 days  | b c. CITY                            |                         | on (Ru                                   | ote limits, write                                  | RURAL ond                           | give nearest           | town)                                    |
| OR INSTITUTION   | TAL (If not in hospital, on Naval Hos                   |  | ress)  | d. STREE                             | T ADDRESS               |  |  |                                     |                        | RESIDENCE<br>ON A FARM?<br>S NO          |
| NAME OF<br>DECEASED<br>(Type or print)   |   | lian   | Middle<br>Cobb   | YOU                                  | Lost<br>G               | 4. DATE<br>OF<br>DEATH                   |  | gust                                | 25                     | Yeor<br>1957                             |
| Female   | 6. COLOR OR RACE White                                  | 7. MARRIED   | DIVORCED   | T                                    |                         | 906                                      | 9. AGE (In year<br>lost birthday)<br>51 yr         | Months                              |                        | INDER 24 HRS.<br>Hurs Min.               |
| during most of wor   | ON (Give kind of work king life, even if retired sewife | done 10b. KIN  | None   | 1                                    | HPLACE (Stole           |  | untry)   |                                     | U.S.                   | HAT COUNTRY                              |
| , FATHER'S NAME  |   |  |  |                                      | R'S MAIDEN N            |  | 007  |                                     |                        |  |
|  | Arthur CO   |  |  |                                      | semario                 | e AMBK                                   |  |                                     |                        |  |
| fes, on or unknown)  | R IN U. S. ARMED FOR                                    | service)   |  | 7. INFORMANT                         | Troinia                 | (77                                      |  | Idress                              | - 40)                  |  |
| No   | ATH [Enter only one co                                  |  |  | liver L.                             | YOUNG                   | (Husb                                    | and), (  | Same a                              | S #2)                  |  |
| 20o. ACCIDENT W  | HER SIGNIFICANT CON                                     |  | SE HOW INJURY OCCU   |                                      |                         |  |  | IVEN IN PART                        | P                      | VAS AUTOPSY<br>ERFORMED?                 |
| OR CONTRIBUTING  | CAUSE OF DEATH  | 200. DESCRIB   | E HOW MINOR OCCU   | CRED. (Ellier 1010)                  | or injury tir           | ron torror                               | 11 01 118111 10.7                                  |                                     |                        |  |
|  |   |  |  |                                      |                         |  |  |                                     |                        |  |
|  |   | or 20d. INJUI<br>While<br>of work  | Not white  | PLACE OF INJUI<br>factory, street, o | ffice bldg., etc        | :-)                                      |  | · ·                                 | County)                | (Slate)                                  |
| 20c. TIME OF INJUS<br>Hour o. m.<br>p. m.  | NY Month, Doy, Ye                                       | While of work _  | Not white of work of work of work of the state of the sta | foctory, street, o                   | 7, to Au                | gust 2                                   | 5, , 195   | 7 ,that ( )                         | last saw               | the decease                              |
| 20c. TIME OF INJUE Hour o. m. p. m.  21. I certify the office on AU                                    | NY Month, Doy, Yes                                      | While of work _  | Not white  | ath accurred                         | 7, to Au<br>at 3:14     | gust 2 P.M. from                         | 5) 195<br>the causes                               | 7 ,that ( ) and an th               | last saw<br>he date s  | the decease                              |
| 20c. TIME OF INJUE Hour o. m. p. m. 21. I certify the alive on Au SIGNATURE                            | NY Month, Doy, Yes                                      | While of work _  | Not white of work of work of work of the state of the sta | ath accurred                         | 7, to Au<br>at 3:14     | gust 2 P.M. from                         | 52 195<br>the causes                               | 7 ,that ( ) and an th               | last saw<br>he date s  | the decease<br>tated above<br>DATE SIGNE |
| 20c. TIME OF INJUE Hour o. m. p. m. 21. I certify the olive on AU SIONATURE PHYSICIAN'S NAME (Type) W: | NY Month, Doy, Yend ! attended the gust 25,             | white of work deceased for the second | fram July 6  ,, and that dec   | toctory, street, o                   | 7, to Au ot. 3:14 Naval | gust 2 PM, from ADDRESS (SI Hospi        | 5), 195 the causes cel city or low tal, Be         | 7 ,that ( ) and an th stote) thesda | last saw<br>he date s  | the decease<br>tated above<br>DATE SIGNE |
| 20c. TIME OF INJUE Hour o. m. p. m. 21. I certify the olive on AU SIONATURE PHYSICIAN'S NAME (Type) W: | AY Month, Doy, Ye 19 not! attended the gust 25,         | white of work a deceased work a deceased work a deceased work a deceased work and deceased work and a deceased work and a deceased work and a dece | fram July 6  | m.D. U.S.  SN U.S.  Y OR CREMATOR    | 7, to Au ot. 3:14 Naval | gust 2 P.M. from ADDRESS (SI Hospi Hospi | 5, 195<br>the causes<br>eel city or low<br>tal, Be | 7 ,that ( ) and an th stote) thesda | last sow<br>the date s | the decease                              |

CERTIFICATE OF DEATH

BUREAU V. S.

Z961' 25' 90V

BECEINED